

<b>Case Number:</b>	CM14-0138703		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/21/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of July 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for Lidoderm patches, denied a request for Mineral Ice gel, denied a request for Lyrica, denied a request for Klonopin, denied a request for Rozerem, and denied a request for Naprelan. The claims administrator stated that he considered the Mineral Ice gel as a topical compounded drug. The overall rationale was sparse to negligible and seemingly predicated on what the claims administrator alleged was the poor documentation of the attending provider. Several of the medications at issue were renewed on July 24, 2014. In a progress note of that date, the applicant reported slightly improved depression. The applicant reported bilateral hand numbness with residual shoulder and elbow pain, it was stated. The applicant was in the process of consulting a psychologist, it was noted. The applicant was given diagnoses of shoulder impingement syndrome, elbow epicondylitis, de Quervain's tenosynovitis, and chronic regional pain syndrome. The attending provider stated that the applicant's functionality was "stable," but did not elaborate on the nature of the same. Electrodiagnostic testing to evaluate the applicant's numbness was sought. Rozerem was apparently employed for insomnia. Dexilant, Mineral Ice gel, Lidoderm, Lyrica, Klonopin, and Naprelan were endorsed. The applicant was receiving lithium, Lamictal, and Seroquel from his psychiatrist, it was stated. In a January 14, 2014 telephone encounter, the attending provider stated that the applicant was using Rozerem for sleep restoration. The attending provider acknowledged that it would be difficult to separate the

applicant's mental health issues from his medical issues. The applicant was on Klonopin for pain-induced depression, it was stated. The applicant was using Dexilant, apparently for reflux, it was suggested. The applicant's work status was not furnished. The attending provider stated that the applicant was switched from Naprelan to naproxen. On January 2, 2014, the attending provider stated that Lyrica and Naprelan were keeping him functional. Again, however, the attending provider did not elaborate as to what function or functions have been ameliorated with ongoing medication usage.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm 5% every 12 hours daily #90 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Lidocaine section. Page(s): 112.

**Decision rationale:** Based on the product description, the Mineral Ice gel amounts to an over-the-counter, inexpensive local at-home application of cold therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264, at-home local applications of heat and cold are recommended as methods of symptom control for forearm, hand, and wrist complaints. The simple, low-tech, low-risk Mineral Ice gel, thus, represents an at-home local, palliative application of heat and cold for ongoing multifocal complaints of bilateral upper extremity, wrist, hand, and forearm pain. This is an ACOEM-endorsed role for the same. Accordingly, the request is medically necessary.

**Mineral Ice gel 2% tid with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 11, Table 11-4, page 264. 2. Product Description.

**Decision rationale:** Based on the product description, the Mineral Ice gel amounts to an over-the-counter, inexpensive local at-home application of cold therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264, at-home local applications of heat and cold are recommended as methods of symptom control for forearm, hand, and wrist complaints. The simple, low-tech, low-risk Mineral Ice gel, thus, represents an at-home local, palliative application of heat and cold for ongoing multifocal complaints of bilateral upper extremity, wrist, hand, and forearm pain. This is an ACOEM-endorsed role for the same. Accordingly, the request is medically necessary.

**Lyrice 50mg 1x3 daily #90 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 99, Pregabalin topic.2. MTUS Chronic Pai.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrice is a first-line treatment for neuropathic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not outlined any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Lyrice usage. It does not appear that the applicant has returned to work. Significant complaints of upper extremity pain and paresthesias persist. The attending provider has not stated what (if any) functions or functionalities have been ameliorated through ongoing Lyrice usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Clonazepam 1mg 1-2 tablets daily #90 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 15, page 402, Anxiolytics section.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as clonazepam may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider has suggested that the applicant is using clonazepam, an anxiolytic medication, for chronic, long-term, and scheduled-use purposes, for depression. This is not an ACOEM-endorsed role for clonazepam. No rationale for selection and/or ongoing usage of clonazepam for long-term use purposes has been proffered by the attending provider so as to try and offset the unfavorable.

**Rozerem 8mg #90 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Rozerem Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration, Rozerem or melatonin is indicated in the treatment of insomnia characterized by difficulty with sleep onset. In this case, the attending provider has suggested that ongoing usage of Rozerem has been successful in ameliorating the applicant's sleep issues. The FDA, it is incidentally noted, notes that Rozerem is not a controlled substance and does not apparently have issues with abuse potential. Continuing the same, on balance, is therefore indicated, given the applicant's reportedly favorable response to the same. Therefore, the request is medically necessary.

**Naprelan 37.5mg #180 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Antiinflammatory Medications topic. Chronic Pain Medical Treatment Guidelines, Page(s):.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprelan do represent a traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, as with the many other analgesic and adjuvant medications, the attending provider has failed to outline any tangible material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Naprelan usage. Significant pain and paresthesias about the upper extremities persist. The applicant has seemingly failed to return to work, although it is acknowledged that this may be a function of the applicant's mental health issues as opposed to the applicant's medical issues. Nevertheless, it is further noted that the attending provider has failed to outline what (if any) non-work activities of daily living have specifically been ameliorated as a result of ongoing Naprelan usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.