

Case Number:	CM14-0145422		
Date Assigned:	10/14/2014	Date of Injury:	10/10/2001
Decision Date:	12/08/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a female of unknown age who reported an injury on 10/10/2001 due to an unspecified mechanism of injury. The injured worker complained of neck, lower back, bilateral elbow, and left shoulder pain that was intermittent. The injured worker had diagnoses of cervicogenic disc disease with facet inflammation as well as right sided radiculopathy, and lumbogenic disc disease with right S1 radiculopathy. The diagnostics included an unofficial EMG study of the lower extremities with unremarkable findings. The unofficial MRI of the neck dated 2013 revealed minimal disc bulge at 3 levels and the unofficial MRI of the lumbar spine dated 10/2012 revealed disc disease at the L5-S1. The examination dated 08/06/2014 revealed tenderness along the cervical and lumbar paraspinal muscles. The lumbar spine revealed difficulty standing from a seated position. Gait was otherwise evenly paced with tenderness along the lumbar paraspinal muscles and pain with facet loading. The injured worker also complained of muscle spasms, stiffness, and tightness with difficulty in range of motion with prolonged standing and walking. Prior treatments included medication, epidural steroid injection of the lumbar spine and radiofrequency ablations of the cervical spine. The treatment plan included hot and cold compression garment, cervical traction with air bladder, cervical pillow as well as bilateral elbow sleeves, refill for medications that included Norco 10/325 mg, Flexeril 10 mg, Diclofenac 100 mg, Protonix 20 mg, LidoPro lotion 4 ounces, Terocin patches, and an MRI of the lumbar spine. A Request for Authorization was not submitted with documentation. The rationale for the medications was to keep the injured worker functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: Diclofenac 100 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that Diclofenac is a prescription non-steroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including myocardial infarction, stroke and worsening hypertension. The guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Nonprescription medication may be sufficient for both acute and subacute symptoms when used in conjunction with activity modification and ice and/or heat therapy. As guidelines stipulate that NSAIDs should be used for short term therapy, the submitted report did not submit any evidence as to when the injured worker started using Diclofenac as a medication therapy. However, the clinical notes from 03/25/2014 indicate that the injured worker was prescribed NSAIDs. The documentation also lacked any indication of side effects. The efficacy of the medication was not submitted for review. The request is for 30 tablets, which exceeds the recommend short duration. Additionally, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Diclofenac Sodium ER 100mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation indicates that the injured worker was taking Prilosec for her GERD. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. The request for NSAID's was not medically necessary. Therefore, the request for Protonix is not medically necessary.

LidoPro lotion 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-113; 28.

Decision rationale: LidoPro lotion 4oz is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend the use of LidoPro lotion. Additionally, the request did not provide the frequency or the duration. As such, the request is not medically necessary.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Terocin patches #20 is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines do not recommend the use of Terocin patches. Additionally, the request did not indicate the frequency or duration of this medication. As such, the request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The clinical notes indicate that the injured

worker was prescribed Flexeril on 03/25/2014, which would exceed the short term course of therapy. The clinical notes were not evident of any functional measurements of efficacy. Additionally, the request did not indicate the frequency. As such, the request is not medically necessary.

Cervical traction unit with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/neck.htm#protocol>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction (mechanical)

Decision rationale: The request for a cervical traction unit with air bladder is not medically necessary. The Official Disability Guidelines recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. The clinical notes stated that the injured worker had intermittent pain; however the frequency of the pain was not documented. The worker was not participating in a home exercise program. As such, the request is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/neck.htm#patienteducation>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pillow

Decision rationale: The request for a cervical pillow is not medically necessary. The Official Disability Guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This random controlled trial (RCT) concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. The guidelines indicate that the support pillow should be used in conjunction with daily exercises that should be taught by a health professional trained to teach both exercise and appropriate use of the neck support pillow during sleep. The clinical documentation was not evident that the injured worker had been performing daily exercises that involved the neck and that there was a trained professional to assist with the teaching of appropriate use of the neck pillow. Additionally, the documentation stated that the injured

worker's pain was intermittent, no documentation of how frequent the pain. As such, the request is not medically necessary.

Bilateral elbow sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2008 revision, pages 18-19 and 595

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Casting versus splints

Decision rationale: The request for bilateral elbow sleeves is not medically necessary. The Official Disability Guidelines did not address directly the elbow sleeves, however, does address the splints. Mason type I radial head fractures can be treated with a splint for five to seven days or with a sling as needed for comfort, along with early range-of-motion exercises. Patients with an olecranon fracture are candidates for nonsurgical treatment if the elbow is stable and the extensor mechanism is intact. The Official Disability Guidelines indicate that the splints should be used for radial head fractures for a time of 5 to 7 days along with early range of motion exercises. The clinical notes were not evident that the injured worker had a fractured radial head. The documentation indicated that the injured worker had intermittent pain. Additionally, there was a lack of objective findings to support the use of bilateral elbow sleeves. As such, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, and tables 12-1 and 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. The clinical notes lacked objective findings to support the need for a lumbar MRI. The injured worker had an MRI of the lumbar spine dated 2012, however, the

MRI was lost. There was no medical documentation to support the need for an MRI. As such, the request is not medically necessary.

Retrospective: Compression therapy garment: 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 Official Disability Guidelines (ODG) Knee & Leg, Compression garments

Decision rationale: The retrospective request for compression therapy garment is not medically necessary. The Official Disability Guidelines indicate that good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. The clinical documentation lacked the medical findings to support the need for compression stockings. It was not evident that the injured worker was at risk for deep vein thrombosis or to manage lymphedema. As such, the request is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10/325 mg #30 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The documentation provided, was not evident of measurable functions. The documentation did not address the ongoing pain management. The activities of daily living were not addressed. Adverse side effects were not addressed. As such, the request is not medically necessary.