

<b>Case Number:</b>	CM14-0162458		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 44 year-old female with a date of injury of June 10, 2008. The patient's industrially related diagnoses include myofascial sprain and strain of the cervical spine with degenerative disease, cervical radiculopathy, and tenosynovitis of the left wrist. The disputed issues are a prescription for Protonix 20mg, Lidopro Lotion, Terocin Patches, Nalfon, and MRI of the left wrist, rigid wrist brace, and soft wrist brace. A utilization review determination on 9/5/2014 had non-certified these requests. The stated rationale for the modification of Protonix was: "The patient is currently being prescribed NSAIDs, which carries an inherent risk of subsequent GI issues. Therefore, based on the currently available information, the medical necessity for this GI protective medication has been established and the request is modified for QTY #30 to comply with referenced guideline once-daily dosage recommendations, and to prevent future symptoms." The stated rationale for the denial of Lidopro and Terocin Patches was that these medications are only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. There is also no documentation of the patient's intolerance of these or similar medications to be taken orally. Nalfon was denied because it did not include a specific dosage. Lastly, the stated rationale for the denial of rigid wrist braces and soft wrist braces was: "CA MTUS 2009 Chronic Pain Treatment Guidelines note that scientific evidence supports the efficacy of neutral wrist splints when treating carpal tunnel syndrome. There is no current diagnosis of carpal tunnel syndrome or documented findings consistent with carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors PPIs

**Decision rationale:** In regard to the request for Protonix (pantoprazole), the California MTUS states that proton pump inhibitors (PPIs) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or Lansoprazole. Within the submitted medical records available for review, there is indication that the injured worker does have complaints of dyspepsia secondary to NSAID use as the medication is prescribed for upset stomach along with the use of Nalfon, a prescription NSAID. However, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the progress report dated 8/6/2014, the treating physician indicated on the current medication list that the injured worker was taking Prilosec. There was no documentation that Prilosec was ineffective when Protonix was prescribed and there is no stated rationale as to why two PPIs are necessary. In the absence of clarity regarding those issues, the currently requested Protonix 20mg #60 is not medically necessary.

**Lidopro Lotion 4oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 111-113.

**Decision rationale:** Lidopro lotion is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of Lidocaine cream, lotion, or gel is indicated for neuropathic pain. In the case of this injured worker, there is no diagnosis of neuropathic pain and there is no indication of a trial of first line therapy as recommended in time guidelines. In regard to the Capsaicin, the CA MTUS provides guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Formulations: 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." Lidopro lotion has Capsaicin 0.0325%. Therefore based on the guidelines, Lidopro topical ointment 4oz PRN is not medically necessary.

**Terocin Patches #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 111-113.

**Decision rationale:** Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical Lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the medical records submitted for review, there is no indication that the injured worker is unable to tolerate oral NSAIDs as she is being prescribed Nalfon. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no documentation of neuropathic pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical Lidocaine. Based on the guidelines, the request for Terocin patches #20 is not medically necessary.

**Nalfon #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs NSAIDs Page(s): 67-72.

**Decision rationale:** Nalfon is a prescription non-steroidal anti-inflammatory drug (NSAID) that is available in two strengths 200mg and 400mg. The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In the submitted medical records, the injured worker was prescribed Nalfon on 8/6/2014 for inflammation but the prescription request did not include the strength of

this medication. The UR denied the request because it did not include a specific dosage. In agreement with the UR decision that the guidelines do recommend NSAIDs as first line therapy for pain, the prescription for Nalfon was incomplete. In the absence of such documentation, medical necessity for Nalfon cannot be established.

**MRI Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters

**Decision rationale:** In regard to the request for MRI of left wrist, the California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Table 11-6 provides a general comparison of the abilities of different imaging techniques to identify physiologic insult and define anatomic defects." Table 11-6 on page 269 indicates that hand/wrist MRI is recommended for the diagnosis of carpal tunnel syndrome and infection, but not for ligament/tendon strain, tendinitis/tenosynovitis, De Quervain's tendonitis, trigger finger, and ganglion. Additionally, the Official Disability Guidelines state that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. The ODG do recommend wrist MRI for chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. In the submitted medical records, the injured worker is diagnosed with tenosynovitis of the left wrist and there is no clear indication of a condition for which an MRI is supported as noted above. The treating physician requested an MRI of the left wrist to rule out ulnar impaction, however there is limited documentation in the subjective complaints and physical examination findings supporting the possible diagnosis. In the absence of such documentation, the request for MRI of left wrist is not medically necessary.

**Rigid wrist braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 265-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** In regard to the request for rigid wrist braces, ACOEM Chapter 11 ("Forearm, Wrist, and Hand Complaints") recommends in Table 17-7 on page 272 the following: "splinting as first-line conservative treatment for carpal tunnel syndrome, De Quervain's, strains, etc." There is a recommendation against "prolonged splinting (leads to weakness and stiffness)" and against "prolonged post-operative splinting." In the submitted medical records, the treating physician ordered rigid wrist braces for nighttime use. The Utilization Review denied the request since the injured worker was not diagnosed with carpal tunnel syndrome even though the

guidelines do support splinting as first-line conservative treatment for multiple wrist/hand condition. However, the request was made for rigid wrist braces and only the left wrist diagnosis was deemed industrially-related. Unfortunately, there is no provision to modify the current request to allow for only one rigid wrist brace. Therefore, the request for rigid wrist braces is not medically necessary.

**Soft wrist brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 265-266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** In regard to the request for a soft brace for left wrist, ACOEM Chapter 11 ("Forearm, Wrist, and Hand Complaints") recommends in Table 17-7 on page 272 the following: "splinting as first-line conservative treatment for carpal tunnel syndrome, De Quervain's, strains, etc." There is a recommendation against "prolonged splinting (leads to weakness and stiffness)" and against "prolonged post-operative splinting." In the submitted medical records, the treating physician ordered a soft brace for nighttime use. The Utilization Review denied the request since the injured worker was not diagnosed with carpal tunnel syndrome. However, the guidelines do support splinting as first-line conservative treatment for multiple wrist/hand condition. Therefore, the request for soft wrist brace for the left is medically necessary.