

Case Number:	CM14-0185668		
Date Assigned:	11/13/2014	Date of Injury:	04/01/2011
Decision Date:	12/31/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Neurology and is licensed to practice in New Jersey. 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:

This 54 year old female sustained a work related injury on 04/01/2011. The mechanism of injury was not made known. As of an office visit on 06/19/2014 the injured worker continued to have pain in the right and left forearm, bilateral hands and bilateral shoulders. She reported that her pain level was an 8 on a scale of 1-10 and was variable depending upon her activity. She also reported constant numbness. A physical examination revealed pain in the right dorsal forearm with resisted wrist extension and resisted index finger extension and paresthesias in the first three digits of the bilateral hands. Her first three fingers showed deficit to pinprick and light touch. There was no clonus, increased tone or atrophy. Spurling's sign was negative. Reflexes were 2+ and symmetric. Strength was 5/5. Electrodiagnostic studies showed mild bilateral carpal tunnel syndrome. Diagnostic impression included mild bilateral carpal tunnel syndrome, history of radial tunnel syndrome and chronic pain syndrome. The injured worker reported that Ibuprofen was marginally effective for her symptoms and that she experienced some reflux. She had not tried other anti-inflammatories and could not tolerate Vicodin or Codeine. Plan of care included a referral to hand surgery, Naproxen, Omeprazole and Ultracet. As of an office visit on 08/11/2014 the injured worker continued to feel aching pain, numbness and tingling in the right arm radiating up through the elbow. She was getting good relief with Naproxen and alternated this with Motrin and Omeprazole. She had not tried the Ultracet yet. Lidoderm patches were also being used and were noted to be significantly helpful. Pain was rated to be a 1-2 on a scale of 1-10 with medications. Pain was noted to be worse with writing, gripping and lifting and decreased with medications and rest. Work status was declared permanent and stationary. As of an office visit on 10/24/2014, the injured worker continued to have fairly severe aching pain of the right hand all the way up through the right elbow and shocking pain radiating from the hand up. She had some weakness of the hand and stated that even turning pages in a magazine

increased her pain. Because of symptoms, she was unable to do her previous job. Pain was worse with any use of the right arm. Pain level was noted to be a 3-4 on a scale of 1-10 with medications. Plan of care included Protonix instead of Omeprazole, Lidoderm patch one a day and a compounded cream for neuropathic and inflammatory pain. On 11/04/2014 Utilization Review non-certified

Bupivacaine/Diclofenac/TMSML/Doxepin/Gabapentin/Orphenadrine/Pentoxifylline compound cream 120gms, Protonix 20mg #60 and Lidoderm 5% patch #30 that was requested on 10/28/2014. According to the Utilization Review, there was no evidence that oral pain medications were insufficient to alleviate pain symptoms and that the documentation provided did not indicate a failed trial of first-line oral antidepressants, anti-convulsants or a class of "Y" drugs in the ODG formulary. This UR decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine/diclofenac/TMSML/Doxapin/gabapentin/orphenadrine/pentoxifylline compound cream 120 gms.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested topical analgesic is formed by the combination of Bupivacaine/diclofenac/TMSML/Doxapin/gabapentin/orphenadrine/pentoxifylline compound cream 120 gms. According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Topical Compound Cream: (Bupivacaine/diclofenac/TMSML/Doxapin/gabapentin/orphenadrine/pentoxifylline compound cream 120 gms) is not medically necessary.

Prescription for 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, GI Symptoms & Cardiovascular Risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20mg # 60 is not medically necessary.

Prescription for Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56.

Decision rationale: According to MTUS Guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.