

<b>Case Number:</b>	CM14-0040909		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 6, 2013. A Utilization Review was performed on March 10, 2014 and recommended non-certification of Medrox pain relief ointment to be applied bid, Omeprazole DR 20 mg once a day #30, Orphenadrine ER 100 mg one tablet po bid #60, EMG-NCS left upper extremity, MRI of the right elbow and right wrist, and PT x 12 visits right elbow and wrist. A Progress Report dated February 13, 2014 identifies Interim History of sleeplessness and anxiety. She states that the pain is preventing her from sleeping. Physical Examination identifies tenderness to palpation over the paravertebral muscles. Spasm is present. Sensation is decreased in the bilateral median nerve distribution. Range of motion is restricted. Anterior shoulders are tender to palpation. Range of motion is restricted bilaterally. Impingement sign is positive on the right. Lateral elbow is tender to palpation. Cozen's lateral epicondyle test is positive on the right. There is tenderness to palpation over the fingers bilaterally. Finkelstein's test is positive on the right. Impression identifies cervical spine sprain, bilateral shoulder impingement syndrome, right lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment Plan identifies patient was provided with refills, EMG/nerve conduction study of the left upper extremity to rule out radiculopathy versus entrapment neuropathy, and physical therapy three times a week for four weeks to the right elbow and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment to be applied bid: 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 Page(s): 111-113.

**Decision rationale:** Regarding request for Medrox ointment, Medrox is a combination of Methyl Salicylate, Menthol, and Capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. MTUS Chronic Pain Medical Treatment Guidelines additionally state 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of Capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox ointment is not medically necessary.

**Orphenadrine ER 100mg one tablet po bid #60: 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 Page(s): 63-66.

**Decision rationale:** Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.

**Omeprazole DR 20mg once a day #30: 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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

**EMG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for EMG, Occupational Medicine Practice Guidelines state electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. ODG states electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery and have failed conservative treatment. Within the documentation available for review, clinical signs of CTS are noted. However, there is no indication that the patient may be a candidate for surgery. In the absence of such documentation, the currently requested EMG is not medically necessary.

**NCS Left Upper Extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Electrodiagnostic Studies (EDS) and Electromyography.

**Decision rationale:** Regarding the request for NCS left upper extremity, Occupational Medicine Practice Guidelines state electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. ODG states electrodiagnostic studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Within the documentation available for review, clinical signs of CTS are noted. However, there is no indication that the patient may be a candidate for surgery, and has failed conservative treatment.

In the absence of such documentation, the currently requested NCS left upper extremity is not medically necessary.

**MRI of the Right Elbow and Right Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Updated 02/18/14).

**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) Elbow Chapter, MRIs.

**Decision rationale:** Regarding the request for MRI of the right elbow and right wrist, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Within the documentation available for review, there is no indication as to how MRI of the elbow and wrist would help clarify diagnoses that seem to be fairly established. Additionally, there is no documentation indicating what type of conservative treatment has been attempted prior to the currently requested MRI. As such, the currently requested MRI of the right elbow and right wrist is not medically necessary.

**PT x 12 visits Right elbow and wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow and Forearm, Wrist & Hand Chapters, Physical Therapy.

**Decision rationale:** Regarding the request for PT x 12 visits Right elbow and wrist; CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends occupational/physical therapy in the management of upper extremity conditions. ODG additionally recommends an initial trial of 6 physical therapy sessions; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. ODG goes on to recommend 10 visits. Within the documentation available for review, there is no indication of any specific objective treatment goals. In addition, the request for 12 visits exceeds guidelines recommendations for an initial trial. Unfortunately, no provision is in place to modify the request. In light of such issues, the current request for PT x 12 visits right elbow and wrist is not medically necessary.