

<b>Case Number:</b>	CM14-0045141		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

Patient is a 55-year-old female who has submitted a claim for discogenic cervical condition with facet inflammation, right shoulder impingement syndrome, medial and lateral epicondylitis on the right, carpal tunnel syndrome on the right, wrist joint inflammation, and elbow tendinitis associated with an industrial injury date of 06/07/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right shoulder pain radiating to the right hand and fingertips, associated with numbness and tingling sensation. Patient likewise reported stomach upset and heartburn. Physical examination showed tenderness along trapezius, shoulder girdle bilaterally, medial and lateral epicondyles, wrist and CMC joint. There was hypersensitivity along the right C5 to C7 dermatomes. Reverse Phalen and Phalen's test were negative. Treatment to date has included use of a wrist brace, TENS unit, chiropractic care, acupuncture, physical therapy, and medications such as tramadol, naproxen, Protonix, gabapentin, LidoPro lotion, and gabapentin. Utilization review from 03/27/2014 denied the request for Thumb Spica Splint because there was no discussion as to why the previous splint was no longer appropriate; denied Referral For Pain Management because there was no exhaustion of conservative management; denied Hot and Cold Wraps for the Wrist, Shoulder and Elbow due to limited evidence of effectiveness; denied Soft and Rigid Brace because there was no extenuating circumstance that may necessitate such; denied TENS Unit for Home Use because there was no evidence of an adjunct evidence-based functional restoration program; denied Protonix 20mg, QTY: 60 because there was no documentation of failed first-line drugs in this class prior to its prescription; partially certified Flexeril 7.5mg, QTY: 60 into Qty 20 for the purpose of weaning because long-term use was not recommended; and denied LidoPro Lotion 4oz, QTY: 1 and Terocin Patch, QTY: 20 because there was no evidence of failed trial of antidepressant and anticonvulsant therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Thumb Spica Splint: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2.

**Decision rationale:** CA MTUS ACOEM guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; and Colles' fracture. In this case, patient has a known carpal tunnel syndrome, right. She was already prescribed thumb spica splint in 2013; however, the splint is already worn-out. However, there was no evidence that it provided symptom relief or functional improvement in the past. The medical necessity cannot be established due to insufficient information. Laterality was likewise unspecified in the request. Therefore, the request for thumb spica splint is not medically necessary.

### **Referral For Pain Management: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there were no reports of acute pain exacerbation or pain amenable to oral medications. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. There is no clear rationale for the requested service. Therefore, the request for referral to pain management is not medically necessary.

### **Hot and Cold Wraps for the Wrist, Shoulder and Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Procedure Summary Official Disability Guidelines, Shoulder Procedure Summary Official Disability Guidelines, Elbow Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of the Hot/Ice Machine (i.e, Vital Wear Cold/Hot Wrap, and Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, patient complained of right shoulder pain radiating to the right hand. Patient is not in a post-operative state. It is unclear why regular hot / cold packs cannot suffice. There is no documented indication for the request. Therefore, the request for Hot and Cold Wraps for the Wrist, Shoulder and Elbow is not medically necessary.

**Soft and Rigid Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

**Decision rationale:** CA MTUS ACOEM Practice Guidelines recommend wrist splinting for acute, subacute, or chronic carpal tunnel syndrome (CTS). The Official Disability Guidelines recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. In this case, patient has a known carpal tunnel syndrome; hence, a brace may be an appropriate treatment option. However, there is no discussion as to why two different types of brace should be given to the patient. Moreover, body part intended for bracing was not specified. Therefore, the request for soft and rigid brace is not medically necessary.

**TENS Unit for Home Use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-116.

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient had a prior use of a TENS unit based on a progress report dated 04/11/2014. However, there was no objective evidence of functional improvement derived from its use. In addition, it is unclear if patient is currently participating in an exercise program since TENS unit is not recommended as a solitary mode of treatment. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify duration of intended use, body part to be treated and if the device is for rental or purchase. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) unit for home use is not medically necessary.

**Protonix 20mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk with Precautions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient complained of heartburn and stomach upset secondary to intake of multiple oral medications. Prescription of a proton pump inhibitor is a reasonable treatment option at this time. Therefore, the request for Protonix 20mg, QTY: 60 is medically necessary.

**Flexeril 7.5mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since June 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-

term use is likewise not recommended. Therefore, the request for Flexeril 7.5mg, QTY: 60 is not medically necessary.

**LidoPro Lotion 4oz, QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Salicylate; Topical Analgesics Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated in page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro lotion 4oz is not medically necessary.

**Terocin Patch, QTY: 20: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

**Decision rationale:** Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was initially on gabapentin; however, symptoms of neuropathic pain persisted. Prescription of lidocaine in transdermal

formulation is a reasonable treatment option at this time. Guideline criteria were met. Therefore, the request for Terocin patch, #20 is medically necessary.