MAXIMUS Federal Services

Case Number:	CM14-0050756		
Date Assigned:	06/25/2014	Date of Injury:	07/30/2006
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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:

The injured worker was injured on 07/30/06 in an MVA. His medications Naproxen and Protonix are under review along with LidoPro lotion, Terocin patches, EMG of the upper extremities, TENS unit, hot and cold wrap, and manipulation under anesthesia to evaluate his labrum. He has reportedly tried anti-inflammatories without benefit. He was diagnosed with a lumbar spine injury and a right scapular fracture. He reported headaches, neck pain, low back pain, and had tremors with his hand and arm shaking. He had physical therapy. He was status post trigger point and facet injections and had medial branch blocks of the cervical spine in 2007 that did not help. An MRI was ordered in 2008 to rule out Parkinson's disease. He was found to be permanent and stationary in 2008 and had a positive EMG. He also had diagnostic discography in 2009. At that time he was using Flector patches, Gabapentin, Soma, and Norco. His shoulder range of motion was mildly decreased in all directions on the right side. Impingement signs were positive on the right side. A drug test in 2013 was positive for THC and Hydrocodone. He was taking Gabapentin and Soma but they were not detected. [redacted] indicated that he appeared to need right shoulder surgery. He had been diagnosed with right carpal tunnel syndrome, and his right shoulder condition had worsened. He needed an additional right shoulder and cervical spine workup. He saw [redacted] on 02/19/14. He was taking Norco, Gabapentin, and Soma and was using Flector patches. He had right shoulder instability with rotator cuff strain and bicipital tendinitis. There were signs of impingement but a negative O'Brien's test on the right side. Manipulation under anesthesia was recommended for evaluation of the labrum and possible laxity to the anterior capsule. He had exhausted conservative treatments, including PT and cervical cortisone injection. He saw [redacted] on 02/18/14 and had ongoing low back pain on the right side radiating to the right thigh and into the medial calf. Physical examination revealed decreased range of motion of the cervical spine, right shoulder

and lumbar spine in all directions. It was restricted by pain. Right shoulder impingement signs were positive. Sensation was decreased to all modalities in the right medial thigh and calf and he had decreased touch in the right upper extremity and hand. He was to see [redacted] the next day. He had an up-to-date pain contract. The EMG of the upper extremities was certified by the reviewer as none had been done and he had persistent discomfort in the arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

Decision rationale: MTUS Guidelines state nonsteroidal anti-inflammatory drugs (NSAIDs) for osteoarthritis (including knee and hip) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. In this case, the injured worker has failed trials of NSAIDs, including Naproxen. There is no new indication to support recommending it again. As such, the request is not medically necessary.

Protonix 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptom and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: MTUS Guidelines state the following regarding PPIs: Determine if the patient 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. In this case, there is no documentation of GI symptoms or

conditions of increased risk to support the use of this medication. The indication for this type of medication is not described in the records and none can be ascertained. As such, the request is not medically necessary.

LidoPro Lotion 4 OZ. no frequency/duration.:

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): 143.

Decision rationale: MTUS Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, MTUS and ODG Guidelies state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. There is no evidence of failure of all other first line drugs. Additionally, the MTUS Guidelines only recommend Lidocaine in the form of Lidoderm patch. As such, the request is not medically necessary.

Terocin Patches # 20, no dose, frequency or duration.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: MTUS Guidelines state topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, MTUS and ODG Guidelies state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse

effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. There is no evidence of failure of all other first line drugs. It is not clear why he would require more than one topical agent. As such, the request is not medically necessary.

EMG study of bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, EMG for Thoracic Outlet Syndrome/Brachial Plexus.

Decision rationale: The MTUS Guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The ODG Guidelines state electrodiagnostic testing is reliable for the diagnosis of thoracic outlet syndrome (TOS). It helps localize and quantify a lesion in the brachial plexus. It is also important to rule out other segmental or systemic neuropathies. The electromyographer should rule out neuropathic conditions that might mimic TOS, specifically cervical radiculopathy, carpal tunnel syndrome, ulnar neuropathy and polyneuropathy. It is not clear why an injury to the brachial plexus is under consideration. As such, the request is not medically necessary.

TENS unit: 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 for Chronic Pain Page(s): 146.

Decision rationale: The MTUS Guidelines state TENS, for chronic pain, is 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is no documentation noting evidence of failure of all other reasonable conservative care modalities. There is also no documentation of a successful short term trial of TENS in conjunction with an active exercise program which is to be continued with TENS use. As such, the request is not medically necessary.

Hot and cold wrap no duration or frequency.: 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), Neck and Upper Back, Shoulder, Low Back, and Pain Chapters.

Decision rationale: The history and documentation do not objectively support the request for a hot and cold wrap. The MTUS Guidelines do not address this type of treatment and the ODG Guideliens do not support hot and cold wraps over simple hot and cold compresses that can be prepared at home. As such, the request is not medically necessary.

Manipulation under anesthesia for evaluation of labrum and evaluation of laxity to anterior capsule: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: The MTUS Guideliens state referral for surgical consultation may be indicated for patients who have: Red-flag conditions; Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. It is not clear why an imaging study is not sufficient for this purpose. There is no evidence of a possible labral injury based on the provider's examinations. As such, the request is not medically necessary.