

Case Number:	CM14-0137593		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2012
Decision Date:	07/08/2015	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male, who sustained an industrial injury on 9/27/2012, while employed as a laborer. He reported using a jackhammer, with injury to his right hand and thumb, both upper extremities, including the shoulders and cervical spine. The injured worker was diagnosed as having left shoulder impingement with rotator cuff strain and bicipital tendinitis, left lateral epicondylitis, flexor carpi radialis synovitis on the right, as well as inflammation at the carpometacarpal and scaphotrapezoid-trapezoidal joint, stenosing tenosynovitis from long finger on the left, and depression, stress, sleep dysfunction, and weight gain because of orthopedic surgery. Treatment to date has included diagnostics, modified duty, cortisone injections, trigger point injections, transcutaneous electrical nerve stimulation unit, chiropractic, physical therapy, acupuncture, mental health treatment, and medications. Past medical history was noted to include gastroesophageal reflux disease and hypertension. A progress report, dated 6/30/2014, noted the use of Terocin patches, with a report that the patches do not work effectively. Currently (8/04/2014), the injured worker reported recently restarting aqua therapy and finding it helpful. He was seen for follow-up regarding his left shoulder, bilateral hands and wrists, and left elbow. He now noticed more pain in his right elbow, wrist, and shoulder, even with very little repetitive type motion. He also had pain along the low back, with shooting pain down the left leg, with numbness and tingling. It was noted that he tried Diclofenac, which gave him gastroesophageal reflux disease, and was receiving Ultracet from another provider. He also tried Naproxen previously. Objective findings included an elevated blood pressure and tenderness across the cervical, thoracic, and lumbar paraspinal muscles. He had weakness

against resistance, shoulder abduction 130 degrees, and pain along the rotator cuff and bicep tendon. The treatment plan included Tramadol ER, Protonix for stomach upset, Terocin patches for topical relief, LidoPro lotion and Flexaril for muscle spasms, and subacromial injection to the left shoulder. The PR2 report, dated 7/31/2014, noted current medication use with Diclofenac XR, HCTZ, and Norco. Prior medications included Prilosec, Nortriptyline, Cyclobenzaprine, Tramadol, Naproxen, and Lodine. This visit also noted his work status as total temporary disability as of 6/19/2014. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Terocin Patches #30: Upheld

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): 111-113.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

Lidopro Lotion 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 178.

Decision rationale: MTUS recommends topical Lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. Additionally the records do not provide a rationale for the capsacian component of this medication. Thus, overall this request is not medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI Symptoms Page(s): 57.

Decision rationale: This patient has a history of NSAID gastritis. A prior physician review concluded that Protonix is not indicated since NSAID use was recently discontinued. The risk of GI toxicity does not stop immediately with discontinuation of NSAID use. Thus, this request is supported by MTUS, though discussion of the rationale and proposed duration of Protonix use is recommended at the time of any future request. At this time, this request is medically necessary.