MAXIMUS Federal Services

Case Number:	CM14-0193067		
Date Assigned:	11/26/2014	Date of Injury:	04/10/2009
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Interventional Spine 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 patient is a 40 year old female with an injury date of 04/10/09. Based on the 08/11/14 progress report, the patient complains of cervical spine, right shoulder, and right elbow pain. Physical examination of cervical spine shows spasm and tenderness on paravertebral muscles. The range of motion of cervical spine is restricted and sensation and motor strength are grossly intact. The right shoulder examination shows that the anterior shoulder is tender to palpation and has positive impingement sign. The right elbow physical examination shows that medial elbow is tender to palpation and has positive Tinel's sign. The right hand examination shows reduced grip strength and sensation. The fourth distal phalanx is tender to palpation and a well-healed scar was noted over the right hand status post a trigger finger release (date does not provided). The diagnoses include following: 1. Shoulder impingement (Right)2. Lateral Epicondylitis (Right)3. Medial Epicondylitis (Right)4. Carpal Tunnel Syndrome5. Acquired Trigger Finger.The treatment plans are to take medications as before and have acupuncture for patient due to her exacerbation of right upper extremities (RUE) and neck pain. The patient's work status is as modified work as six-hour work days. The treating physician is requesting for Medrox pain relief ointment SIG: apply to affected area twice a day with 2 refills, Omeprazole DR 20mg capsule SIG: Take 1 Daily QTY: 30 with 2 refills, Tramadol HCL 50mg tablet SIG: Take 1 twice daily QTY: 60 with 2 refills, Norco 5/325mg SIG, Take 1 tablet twice daily QTY: 60 with 2 refills, and physical therapy 3x4 weeks for cervical and right elbow. The utilization review determination being challenged is dated 10/30/14. The requesting provider provided treatment report dated 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 weeks cervical and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with right shoulder impingement, right lateral epicondylitis, right medial epicondylitis, carpal tunnel syndrome, and acquired trigger finger. The request is for physical therapy 3x4 weeks for cervical and right elbow. The provided progress report and utilization review letter do not discuss that the patient received any physical therapy prior to the request. MTUS guidelines regarding ulnar nerve entrapment/cubital tunnel syndrome, recommended 14 visits over 6 weeks. MTUS guidelines pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."The reports do not discuss treatment history and the provider does not explain why therapy is being requested other than for subjective pain. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. If the patient is flared-up or has decline in function a short course of therapy may be reasonable, but there is no such documentation. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS for this kind of condition. The request is not medically necessary.The reports do not discuss treatment history and the treater does not explain why therapy is being requested other than for subjective pain. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. If the patient is flared-up or has decline in function a short course of therapy may be reasonable, but there is no such documentation. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS for this kind of condition. The request IS NOT medically necessary.

Medrox ointment apply to affected area twice a day, refills 2: 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.

Decision rationale: The patient presents with right shoulder impingement, right lateral epicondylitis, right medial epicondylitis, carpal tunnel syndrome, and acquired trigger finger. The request is for Medrox ointment SIG: Apply to affected area twice a day with 2 refills. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or

safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic including Methyl Salicylate 20%, Menthol 7%, and Capsaicin 0.050%. The MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.075% of Capsaicin, which is not supported by MTUS. Therefore, the entire compound cream is not recommended. The request is not medically necessary.

Omeprazole DR 20mg capsule SIG: #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with right shoulder impingement, right lateral epicondylitis, right medial epicondylitis, carpal tunnel syndrome, and acquired trigger finger. The request is for Omeprazole DR 20mg Capsule SIG: take 1 daily #30 with 2 refills. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."In this case, the reports provided show no discussion of GI complications such as gastritis or GERD. The patient does not appear to be on any NSAIDs to consider a prophylactic use of PPI. Therefore, the request is not medically necessary.

Tramadol HCL 50mg tablet : #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,76-78.

Decision rationale: The patient presents with right shoulder impingement, right lateral epicondylitis, right medial epicondylitis, carpal tunnel syndrome, and acquired trigger finger. The request is for Tramadol HCL 50mg tablet SIG: Take 1 twice daily #60 with 2 refills. Review of the progress report and utilization review letter do not have a record of prior intake of this medication.MTUS Guidelines pages 88-89 states, regarding opioid use that "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior), as well as "pain

assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, there is no documentation of numerical scale or validated instrument of measurement of pain and mention of specific activities of daily living (ADL's) to show a significant change with the use of this medication. Also, there is no urine toxicology or other opiate management issues were addressed as required per MTUS above. If the provider is prescribing this medication as part of chronic pain management, then the provider does not explain what the goal is, what functional deficits are to be overcome, and what is to be expected. There is lack of discussion as to whether or not the patient failed other medications. Based on lack of adequate information needed to trial this medication, the request is not medically necessary.

Norco 5/325mg SIG # 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with right shoulder impingement, right lateral epicondylitis, right medial epicondylitis, carpal tunnel syndrome, and acquired trigger finger. The request is for Norco 5/325mg SIG: Take 1 tablet by mouth twice daily #60 with 2 refills. The provider does not provide any documentation that the patient ever had this medication or not prior to the request.For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.A review of the reports provided show there is no discussion or documentation of pain assessment or outcome measures as described above. No specific ADL's are provided and no functional or analgesia documented using numeric scales. If the provider is prescribing this medication as part of chronic pain management, then the provider does not explain what the goal is, what functional deficits are to be overcome, and what is to be expected. There is lack of discussion as to whether or not the patient failed other medications. Based on lack of adequate information needed to trial this medication, the request is not medically necessary.