

Case Number:	CM14-0193996		
Date Assigned:	12/01/2014	Date of Injury:	11/06/2009
Decision Date:	03/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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: 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 patient is a 52 year old male with an injury date on 11/06/2009. Based on the 10/14/2014 progress report provided by the treating physician, the diagnosis is: 1. Carpal Tunnel Syndrome According to this report, the patient complains of "persistent pain to R elbow 7/10 radiating to R 3rd-5tg digits with paresthesia. C/O weakness to RUE." Physical exam reveals an individual with an "antalgic gait favoring LLE; noted LLE giving away." Right elbow range of motion is 0-140 degrees, positive Tinel's medial epicondyle. Grip strength is 20, 38, and 20 on the right; and 70, 58, 66 on the left. Decreased sensation to pinprick is noted to at the ulnar distribution. The 09/09/2014 report indicates "+GERD on Nexium." Pain is a 5/10 with medications. The 07/29/2014 report indicated patient's pain is a 7/10, with the use of Flector patches pain decrease to a 5/10. Treatment to date includes TENS unit, Topical patches, and EMG of right upper extremity on 12/12/2013. The treatment plan is to discontinue Naprosyn and Flector patch, request for medications and Lidoderm patch, consultation with Pain Management, continues use of ice/heat/ESTIM/IEP, walk daily, and anti-inflammatory diet. The patient's work status is "return to modified work on 10/15/2014 with limitation." There were no other significant findings noted on this report. The utilization review denied the request for (1) Dendracin Cream, (2) Nexium, (3) Gabapentin #60, and (4) Norco #60 on 10/21/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/07/2013 to 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream (Unknown quantity and strength): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/14/2014 report, this patient presents with "persistent pain to R elbow 7/10 radiating to R 3rd-5tg digits with paresthesia." The current request is for Dendracin Cream (Unknown quantity and strength). Dendracin Cream contains methyl salicylate/benzocaine/menthol. For salicylate, a topical NSAID, the MTUS Guidelines state that topical NSAIDs are indicated for peripheral joint arthritis and tendinitis. In this case, the treating physician has not documented that the patient has arthritic pain affecting the elbow. The current request is not medically necessary.

Nexium 20mg: 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 PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 10/14/2014 report, this patient presents with "persistent pain to R elbow 7/10 radiating to R 3rd-5tg digits with paresthesia." The current request is for Nexium 20mg. This medication was first mentioned in the 01/07/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA)." MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient has "discontinue Naprosyn," and is currently not on NSAID. The treating physician indicates that the patient has "Persistent GERD. Continue to use Nexium 20 mg." However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI assessment. Therefore, the request is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 19 and 49.

Decision rationale: According to the 10/14/2014 report, this patient presents with "persistent pain to R elbow 7/10 radiating to R 3rd-5tg digits with paresthesia." The current request is for Gabapentin 600mg #60. This medication was first mentioned in the 02/019/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In reviewing the provided reports, the treating physician indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician did not provide discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: According to the 10/14/2014 report, this patient presents with "persistent pain to R elbow 7/10 radiating to R 3rd-5tg digits with paresthesia." The current request is for Norco 10/325mg #60. This medication was first mentioned in the 02/019/2014 report; it is unknown exactly when the patient initially started taking this medication. 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reviewing the provided reports, the treating physician provided documentation of pain assessment using a numerical scale describing the patient's pain. However, there is no documentation provided discussing functional improvement or ADL's. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.

Flector patches 5%, #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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with persistent right elbow pain rated 7/10 which radiates to the 3rd, 4th, and 5th digits on the right hand. Patient also complains of right upper extremity weakness and associated paresthesia. Patient has no documented surgical history directed at this complaint. The request is for FLECTOR PATCHES 5%, #30. Physical examination dated 10/14/14 reveals decreased range of motion on flexion of the right elbow, positive Tinel's sign right, decreased grip strength in the right hand, and decreased pinprick sensation along the ulnar nerve distribution right. The patient is currently prescribed Gabapentin, Norco, Naproxen, Dendracin cream, Lidoderm and Flector patches. Diagnostic imaging was not included with the reports provided, though progress note 10/14/14 discusses normal findings of EMG study conducted to the right upper extremity. Patient is currently working modified light duty. This review is for use of Flector patch. The Flector patch is Diclofenac in a topical patch. The MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs- states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The treater is requesting Flector patches for the management of this patient's chronic intractable pain stemming from carpal tunnel syndrome. While progress report 10/14/14 indicates this patient reports reduction in pain to 3/10 stemming from the use of Lidoderm and Flector patches in combination, it is unclear which topical patch is providing relief. Per MTUS guidelines, topical NSAID patches are not recommended for neuropathic pain. Additionally, progress report dated 01/07/13 specifies a refill of Flector patches indicating long term use which exceeds guideline recommendations that they only be used for 4-12 weeks. Therefore, this request IS NOT medically necessary.