

Case Number:	CM14-0198934		
Date Assigned:	12/09/2014	Date of Injury:	06/19/2013
Decision Date:	01/22/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 61 year-old male who has a history of a work injury occurring on 06/19/13 when, while performing maintenance job duties he developed left hand and finger numbness. Treatments included bracing, medications, and ice packs. EMG/NCS testing showed findings of left carpal tunnel syndrome and on 09/21/13 he underwent a left carpal tunnel release. Treatments included postoperative physical therapy. He had ongoing symptoms and a second EMG/NCS showed continued abnormalities. He was seen on 07/02/14. He was having left wrist and hand pain. Pain was rated at 3-6/10. His past medical history included Diabetes, Hypertension, and Hyperthyroidism. Medications were Glipizide, Glyburide, Metformin, and Methimazole. Physical examination findings included left carpal tunnel and thenar tenderness. Tinel and Phalen testing was positive. There was decreased median distribution sensation. Recommendations included surgery; Norco and Vistaril were prescribed. He underwent the surgery on 07/08/14. On 07/17/14 he was slowly improving. On 09/10/14 he was having intermittent low back pain radiating into the legs. Pain was rated at 3-9/10. He was performing stretching exercises at home. Physical examination findings included lumbar, sacroiliac joint, and buttock tenderness. There was decreased lumbar spine range of motion. There was a positive right straight leg raise. Authorization for physical therapy was requested. Duexis (Famotidine and Ibuprofen) and Flector were prescribed. On 08/13/14 he was having minimal pain and the numbness had improved. He had ongoing weakness. He was gradually improving. On 11/03/14 he had completed 3-4 sessions of physical therapy with temporary pain relief. His low back pain had worsened. Pain was rated at 8/10. Physical examination findings included an antalgic gait. There was ongoing lumbar paraspinal muscle, sacroiliac joint, and buttock tenderness. He had decreased lumbar spine range of motion. Straight leg raising was negative. Strength, sensation,

and reflexes were normal. Duexis #90, Methoderm, and Terocin were prescribed. Authorization for a lumbar spine MRI was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Lumbar Spine without Contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic radiating low back pain. When seen by the requesting provider there was a normal neurological examination including negative straight leg raising. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

8 Initial Acupuncture Treatments, Unspecified Frequency for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic radiating low back pain. Treatment has included physical therapy with temporary pain relief. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the frequency of treatment was not specified. The requested acupuncture treatments were not medically necessary.

Duexis 800/26.6 MG Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Duexis prescribing information.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic radiating low back pain. Treatment has included physical therapy with temporary pain relief and medications. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that an H2-receptor blocker such as famotidine be prescribed. Therefore, Duexis was not medically necessary.

Menthoderm Gel 120 Gram (4 Fl Oz) Qty 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111 and 113.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic radiating low back pain. Treatment has included physical therapy with temporary pain relief and medications. Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant has chronic back pain and has only responded partially to other conservative treatments. Therefore, Menthoderm is medically necessary.

Terocin Patch/ Menthol 4 Percent/ Lidocaine 4 Percent Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Lidoderm (lidocaine patch); Topical Analgesics Page(s): 60; 56;.

Decision rationale: The claimant is more than 1 years status post work-related injury and is being treated for chronic radiating low back pain. Treatment has included physical therapy with temporary pain relief and medications. Terocin is a topical analgesic containing Lidocaine and Menthol. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. The claimant was also prescribed Menthoderam which is duplicative. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the prescribing of Terocin in a patch form was not medically necessary.