

Case Number:	CM14-0203103		
Date Assigned:	12/15/2014	Date of Injury:	04/06/2012
Decision Date:	03/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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, Arizona

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 (IW) is 54 years old female who reported injury on 04/06/2011 due to, continuous work duties of cleaning hotel rooms, resulted in injury to the neck, bilateral shoulders, bilateral elbows, bilateral hands, back and bilateral knees and feet. The injured worker diagnoses consist of high cholesterol, displacement of cervical intervertebral disc without myelopathy, cervical and thoracic spine radiculopathy, cervical and thoracic spine multilevel degenerative disc disease, bilateral shoulder impingement, bilateral shoulder rotator cuff tears, tenosynovitis, AC joint osteoarthropathy, left elbow sprain/strain, right elbow common extensor tendon tear and lateral epicondylitis, bilateral wrist carpal tunnel syndrome, bilateral wrist subchondral cyst, bilateral knee sprain/strain and medical meniscal tears, right knee chondromalacia patella, right knee arthritis, anxiety disorder, mood disorder, sleep disorder, headaches and abdominal discomfort. Past medical treatments included treatment modalities, physical therapy, electrophysiology, chiropractic care, radiographic imaging, shockwave therapy, heat/cold packs, diagnostic studies and medications. Medications consist of Deprizine, Fanatrex, Tabradol, Synapryn, Terocin patches, Dicopanol and Tramadol. Diagnostic studies and radiographic imaging including MRI of the affected areas were performed in April, 2014 revealing the above noted diagnoses. On April 21, 2014, evaluation revealed burning radicular neck pain and ongoing muscle spasms. She described her pain as constant and moderate to severe aggravated by head motion and associated with tingling and numbness of the bilateral upper extremities. Burning pain was also noted in the shoulders, elbows, wrists, mid-upper back, knees and feet. She also complained of associated nervousness, headaches, sleep disturbances

and stomach problems. The treatment plan included shockwave therapy for the cervical spine, physiotherapy of the cervical spine and shoulders, chiropractic care for the cervical spine and shoulders, a pain management consultation for possible steroid injections of the cervical and thoracic spine, an orthopedic consultation for possible right and left shoulder repair and pain patches. Work status is temporarily totally disabled (TTD) from April 21, 2014 through May 19, 2014. On May 19, 2014, evaluation revealed persistent symptoms with temporary relief with medications. The treatment plan remained unchanged. On May 22, 2014 a letter of necessity was issued for the addition of Dicopanol as a sleep and pain relief aide. On June 16, 2014, evaluation revealed persistent symptoms as previously described with some relief with the use of pain medications and restricted activity. The treatment plan remained unchanged. Work status remained unchanged. On July 14, 2014, evaluation revealed no significant improvements. Adjustments were made to pain medications. The recommendation for periodic urinary drug screens was made. On August 11, 2014, evaluation revealed no significant improvement of symptoms. The treatment plan was unchanged. On September 10, 2014, evaluation revealed no changes. The recommendation was for the IW to undergo shock wave therapy for the cervical and thoracic spine and epidural injections of the back. A magnetic resonance image (MRI) was requested by the IW at this time including the shoulders, elbows, wrists, knees, cervical spine and thoracic spine. The documentation noted the IW underwent shockwave therapy treatments with some improvement. Work status is temporary totally disabled (TTD) at this time. On 10/08/2014, the injured worker complained of burning, radicular neck pain and spasm. The pain was described as constant, moderate to severe. The injured worker rated the pain at 8/10. The pain was aggravated by looking up, looking down and side to side as well as repetitive motion of the head and neck. The injured worker also complained of burning bilateral shoulder pain radiating down to the arms into the fingers, associated with muscle spasm. The injured worker rated the pain at 8/10. The physical examination of the cervical spine revealed tenderness to palpation at the occiputs, the trapezius, the levator scapulae, the spinous, and the scalene at the sternocleidomastoid muscles. Range of motion of the cervical spine revealed flexion of 40 degrees, extension of 45 degrees, left rotation of 55 degrees, right rotation of 50 degrees, left lateral flexion of 20 degrees, and right lateral flexion of 25 degrees. Distraction and compression tests were positive. The treatment plan is for the injured worker to continue with medication therapy to include, Terocin patches and Fanatrex (Gabapentin) 25mg/ml oral suspension. The rationale and RFA were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches for Pain Relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin) Page(s): 112.

Decision rationale: The request for Terocin patches for pain relief is not medically necessary. The California MTUS Guidelines state that lidocaine is a transdermal application that is

recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy, such as a tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetics, and antipruritic. The guidelines state that lidocaine is recommended for localized peripheral pain. However, there was no documentation submitted in the report indicating that the injured worker had such pain. The submitted documentation also did not indicate the injured worker's pain levels before, during, and after application of the Terocin patch. Furthermore, there was no evidence submitted in the report showing that the injured worker had tried and failed any first line therapy. The efficacy of the medication was not provided to support continuation, and the request submitted did not include a frequency, duration, or a dosage. As such, the request is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml Oral Suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Fanatrex 25 mg/mL oral suspension 420 mL is not medically necessary. The California MTUS Guidelines state that gabapentin (Fanatrex) has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of AEDs depends on improvement outcomes versus tolerability of adverse effects. It was indicated in the submitted documentation that the injured worker had been on the medication since at least 10/2014. The efficacy of the medication was not submitted for review. Additionally, the medical documents did not indicate that the injured worker had significant difficulties taking traditional tablet medications, which would indicate the injured worker's need for oral suspension medications. Furthermore, a rationale was not submitted for review. As such, the request is not medically necessary.