

<b>Case Number:</b>	CM14-0203646		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/10/2009
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, trigger finger, and carpal tunnel syndrome reportedly associated with an industrial injury of April 10, 2009. In a utilization review report dated October 29, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy, failed to approve a request for Medrox, denied a request for Omeprazole, denied a request for Tramadol, and denied a request for Norco. The claims administrator referenced an RFA form of October 14, 2014 in its rationale. The applicant's attorney subsequently appealed. In a progress note dated June 24, 2014, the applicant reported persistent complaints of neck pain, shoulder pain, elbow pain, wrist pain, and a trigger finger. The applicant had undergone an earlier trigger finger release surgery. The applicant was given refills of Medrox, Prilosec, Tramadol, and Norco. The applicant was asked to work at a rate of 6 hours per day. It was not clearly stated whether the applicant's employer was accommodating said limitations or not. On August 11, 2014, the applicant reported worsening hand and wrist pain. Acupuncture and massage therapy were sought. The applicant was given two days off work owing to her flare of pain and then asked to return to work at a rate of 6 hours a day. It did appear that the applicant was working at a rate of 6 hours a day. The attending provider did seemingly suggest that the applicant was deriving appropriate analgesia from her medications. Medrox, Prilosec, Tramadol, and Norco were renewed. On October 14, 2014, the applicant reported persistent complaints of neck, shoulder, elbow, and hand pain. The applicant was essentially unchanged. Medrox, Prilosec, Tramadol, Norco, and 12 sessions of physical therapy were endorsed. The applicant was given one day off work owing to an alleged exacerbation of pain and then asked to return to work at a rate of 6 hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks cervical and right elbow: Upheld**

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

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

**Decision rationale:** The request for 12 sessions of physical therapy for the neck and elbows is not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. The lengthy 12-session course of treatment proposed, thus, is at odds with both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines and also at odds with the applicant's already-successful return to work. The October 14, 2014 progress note, referenced above, furthermore, did not outline any clear goals of physical therapy, nor was it evident why the applicant could not transition to self-directed home physical medicine, just as she had already transitioned to part-time work. Therefore, the request is not medically necessary.

**Medrox Ointment sig: apply to affected area twice a day with 2 refills: 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 Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide

**Decision rationale:** Similarly, the request for Medrox ointment was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and Capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the Capsaicin-containing Medrox compound at issue. The applicant's ongoing usage of first-line oral pharmaceuticals such as Tramadol and Norco, furthermore, effectively obviated the need for the Capsaicin-containing Medrox ointment. Therefore, the request was not medically necessary.

**Omeprazole DR 20 mg capsule sig: take 1 daily quantity 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory, Gastrointestinal Symptoms.

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

**Decision rationale:** The request for Omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file contained no explicit references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Tramadol HCL 50mg tablet sig: take 1 twice daily quantity 60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Conversely, the request for Tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has returned to work, albeit on a part-time basis, at a rate of 6 hours a day. The attending provider's progress notes, while admittedly sparse, did suggest that the applicant was deriving appropriate analgesia with ongoing medication consumption, including ongoing Tramadol consumption. Therefore, the request was medically necessary.

**Norco 5/325mg sig: take 1 tablet by mouth twice daily quantity 60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has maintained successful return to work

status with ongoing medication consumption, including ongoing Norco consumption, the attending provider has contented. The attending provider's progress notes, while sparse, do likewise suggest that the applicant is deriving analgesia with ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.