

Case Number:	CM14-0205026		
Date Assigned:	12/17/2014	Date of Injury:	01/16/2007
Decision Date:	03/02/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/08/2014

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, Hawaii
 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 55-year old male with date of injury 1/16/07. The treating physician report dated 10/20/14 (32) indicates that the patient presents with chronic shoulder pain and bilateral wrist pain due to second date of industrial injury on 11/29/09. The physical examination findings reveal right shoulder tender to palpation, stiffness of shoulder bilaterally with moderate pain of range of motion, negative impingement sign bilaterally and grip strength diminished bilaterally. Prior treatment history includes Norco (10/325 mg three to four per day), Tramadol (ER 200 mg), Voltaren (ER 100 mg), Terocin cream, Omeprazole for GI prophylaxis, Diclofenac (ER 100 mg) and home strengthening and stretching exercises. The current diagnoses are: -Status post left ASAD-Status post left lateral epicondylar repair-Status post left carpal tunnel release with ulnar nerve decompression at the wrist-Bilateral, recurrent carpal tunnel syndrome-Trapezial paracervical strain-Status post right ASAD-Status post right lateral epicondylar repair-Status post left carpal tunnel release with ulnar nerve decompression at the wrist. The utilization review report dated 11/3/14 (3) denied the request for Terocin lotion based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 200 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with chronic shoulder pain and bilateral wrist pain. The current request is for Tramadol. The treating physician has covered the 4 As regarding prescribing of opioids. The CA MTUS regarding Tramadol states, the immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). In this case, the requested dose is for 200mg, which is twice the recommended single dose for immediate release Tramadol. This significantly increases the possibility of serious side effects like seizure. The IMR does not allow approval of dosing greater than those recommended by guidelines. Medical necessity has not been established and recommendation is for denial.

Omeprazole 40 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: The patient presents with chronic shoulder pain and bilateral wrist pain. The current request is for Omeprazole. The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The IW is being prescribed Omeprazole for GI prophylaxis. The only risk factor found is diabetes. The MTUS and ODG do not consider this a risk factor for gastrointestinal events and thus does not warrant the use of a PPI. A history of GI bleeding or dyspepsia with NSAID use would need to be documented before medical necessity can be established. Recommendation is for denial.

Terocin lotion: 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 chronic shoulder pain and bilateral wrist pain. The current request is for Terocin lotion. Terocin contains methyl salicylate, capsaicin, menthol

and lidocaine hydrochloride. The treating physician report dated 10/20/14 (32) states, "the patient states his pain is a four to eight out of ten on the pain scale during the day... he reports a 50-60% decrease in pain with the medication regimen. He denies any side effects with this medication regimen." MTUS guidelines page 111 states the following regarding topical creams: "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. MTUS states that if at least one compounded product is not recommended then the entire compound is not recommended. Recommendation is for denial.

TENS unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS transcutaneous electrotherapy Page(s): 114.

Decision rationale: The request is for TENS supplies. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows decreased pain and improved function with TENS. The current request does not satisfy MTUS guidelines as outlined on page 114. Recommendation is for denial.