

Case Number:	CM14-0206549		
Date Assigned:	12/18/2014	Date of Injury:	07/23/2013
Decision Date:	02/06/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 29 yo male who sustained an industrial injury on 07/23/2013. The mechanism of injury was not provided for review. His diagnoses include intrarticular fracture of the left index finger- status post open reduction and internal fixation with mild swan neck deformity and mallet droop. He complains of intermittent left index finger pain, swelling, numbness, tingling, cramping and spasms. On physical exam there is decreased wrist and right index finger range of motion, mallet droop at 20 degrees on the index finger and mild swan neck deformity. Treatment in addition to surgery has included medical therapy with Tramadol, Nalfon, Protonix, LidoPro lotion, Terocin patches and Neurontin. The treating provider has requested 1 replacement of hot and cold wrap, LidoPro ointment 4 oz 121 gm, Protonix 20 mg # 60, Terocin patches # 20, and Tramadol ER 150mg # 30

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Replacement of hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: There is no documentation provided necessitating the requested hot and cold wraps. Per the reviewed guidelines they may be utilized for the hand or wrist before or after exercise. There is no documentation of any specific exercise regimen requiring the application of hot and cold wraps. Medical necessity for the requested items has not been established. The requested items are not medically necessary.

(1) Prescription of Lidopro oinment 4 oz 121 gm: Upheld

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

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication, LidoPro lotion. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating LidoPro lotion. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

(1) Prescription of Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), PPI (proton pump i.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 68.

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical

necessity for Protonix has not been established. The requested medication is not medically necessary.

(1) Prescription of Tercoïn patches #20: Upheld

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

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

(1) Prescription of Tramadol (Ultram ER) 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) synthetic opioid analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram ER 100mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram ER (Tramadol extended release) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid

therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.