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| Case Number: | CM15-0142718 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 01/09/1997 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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

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 is a 60 year old female, who sustained an industrial injury on January 9, 1997. The injured worker was diagnosed as having impingement syndrome status post-surgical intervention on the right, epicondylitis on the right and wrist sprain on the right. Treatment to date has included surgery, Transcutaneous Electrical Nerve Stimulation (TENS) unit, brace, hot and cold wrap, elbow sleeve and medication. A progress note dated June 17, 2015 provides the injured worker complains of neck, shoulder, arm, elbow and hand pain with spasms and stiffness. She reports headaches and numbness and tingling of the arms. Physical exam notes tenderness to palpation of the right shoulder with decreased range of motion (ROM) and trigger points of the trapezius and shoulder area. The right epicondyle, rotator cuff and acromioclavicular (AC) joint are tender. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) unit, Valium, lorazepam, Motrin and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Four Lead TENS Unit with Conductive Garment for the Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of TENS Page(s): 116.

Decision rationale: The patient presents with neck, shoulder, and elbow and hand pain. The request is for 1 Four Lead TENS Unit with Conductive Garment for the elbow. The request for authorization is dated 06/17/15. Physical examination reveals tenderness along the shoulder girdle on the right. Limited extension to the right 25 degrees with trigger points along the trapezius and shoulder girdle pain along the medial and lateral epicondyle on the right, although not to stretch or resisted function. Tenderness along the rotator cuff as well, mild tenderness along the AC joint on the right shoulder. Patient's medications include Valium, Lorazepam, Motrin and Protonix. Per progress report dated 06/17/15, the patient is not working since 2004. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater does not discuss this request. Treater does not specify if this request is for a rental or a purchase. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. Therefore, the request is not medically necessary.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with neck, shoulder, and elbow and hand pain. The request is for Valium 5mg #60. The request for authorization is dated 06/17/15. Physical examination reveals tenderness along the shoulder girdle on the right. Limited extension to the right 25 degrees with trigger points along the trapezius and shoulder girdle, pain along the medial and lateral epicondyle on the right, although not to stretch or resisted function. Tenderness along the rotator cuff as well, mild tenderness along the AC joint on the right shoulder. Patient's medications include Valium, Lorazepam, Motrin and Protonix. Per progress report dated 06/17/15, the patient is not working since 2004. MTUS guidelines state on page 24 that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks".

Per progress report dated 06/17/15, treater's reason for the request is "at bedtime for sleep." The patient has been prescribed Valium since at least 12/27/13. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for additional Valium #60 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with neck, shoulder, elbow and hand pain. The request is for Lorazepam 1mg #60. The request for authorization is dated 06/17/15. Physical examination reveals tenderness along the shoulder girdle on the right. Limited extension to the right 25 degrees with trigger points along the trapezius and shoulder girdle, pain along the medial and lateral epicondyle on the right, although not to stretch or resisted function. Tenderness along the rotator cuff as well, mild tenderness along the AC joint on the right shoulder. Patient's medications include Valium, Lorazepam, Motrin and Protonix. Per progress report dated 06/17/15, the patient is not working since 2004. MTUS guidelines state on page 24 that benzodiazepines such as Xanax are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". Per progress report dated 06/17/15, treater's reason for the request is "primarily only for anxiety as needed." MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks". However, patient has been prescribed Lorazepam since at least 08/19/13. Furthermore, the request for Lorazepam #60 would exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Motrin, unspecified dosage and quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with neck, shoulder, and elbow and hand pain. The request is for Motrin, unspecified dosage and quantity. The request for authorization is dated 06/17/15. Physical examination reveals tenderness along the shoulder girdle on the right.

Limited extension to the right 25 degrees with trigger points along the trapezius and shoulder girdle, pain along the medial and lateral epicondyle on the right, although not to stretch or resisted function. Tenderness along the rotator cuff as well, mild tenderness along the AC joint on the right shoulder. Patient's medications include Valium, Lorazepam, Motrin and Protonix. Per progress report dated 06/17/15, the patient is not working since 2004. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 01/12/15, treater's reason for the request is "he needs his medications for him to function." Patient has been prescribed Motrin since at least 08/26/14. The patient presents with chronic pain, however, there is no documentation or discussion of decrease in pain or increase in function with the use of Motrin. Guidelines do not warrant long-term use of anti-inflammatory medications without discussion of medication efficacy. Furthermore, the request does not specify dosage or quantity. Guidelines do not support open-ended requests. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Protonix 20mg #60: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck, shoulder, and elbow and hand pain. The request is for Protonix 20mg #60. The request for authorization is dated 06/17/15. Physical examination reveals tenderness along the shoulder girdle on the right. Limited extension to the right 25 degrees with trigger points along the trapezius and shoulder girdle, pain along the medial and lateral epicondyle on the right, although not to stretch or resisted function. Tenderness along the rotator cuff as well, mild tenderness along the AC joint on the right shoulder. Patient's medications include Valium, Lorazepam, Motrin and Protonix. Per progress report dated 06/17/15, the patient is not working since 2004. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater does specifically discuss this medication. Patient has been prescribed Protonix since at least 09/30/13. Although patient is prescribed Motrin, an NSAID, treater has not provided GI risk assessment for prophylactic use of PPI, as required by

MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. Additionally, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Furthermore, the request for Motrin has not been authorized. Therefore, the request is not medically necessary.