

<b>Case Number:</b>	CM15-0142999		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 54 year old male, who sustained an industrial injury on 4-10-2015. The mechanism of injury is not described. The current diagnoses are cervical spine musculoligamentous sprain-strain, cervical spine myospasms, right shoulder arthralgia, and right elbow arthralgia. According to the progress report dated 7-6-2015, the injured worker complains of intermittent upper back pain, rated 6 out of 10. The pain radiates to the right shoulder and is associated with numbness, pulsing, burning, and needles sensation. He notes intermittent right arm pain, rated 6 out of 10. The pain radiates to the right elbow with pulsing, weakness, deep, and cracking sensation. In addition, he reports intermittent headaches. The physical examination of the cervical spine reveals hypolordosis, tenderness to palpation with spasms over the bilateral paraspinals and upper trapezius, and tenderness to palpation over the bilateral suboccipitals and spinous processes at C2, C3, and C4. Examination of the right upper extremity reveals tenderness to palpation with spasms over the bilateral trapezius, tenderness to palpation on the right rotator cuff, right flexor muscle, right extensor muscle, and right lateral epicondyle. The current medications are Naproxen, Protonix, Flexeril, and transdermal analgesic compounds. It is unclear when the requested Voltaren, Cyclobenzaprine, and Prilosec were originally prescribed. Treatment to date has included medication management and x-rays. Work status is described at total temporary disability. A request for Voltaren, Cyclobenzaprine, Prilosec, 12 acupuncture sessions, interferential unit, and x-ray of the right elbow has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diclofenac sodium (Voltaren®, Voltaren-XR®).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Voltaren is a non-steroidal anti-inflammatory drug (NSAID) used for the relief of signs and symptoms of osteoarthritis. It is not recommend as a first line medication due to an increased cardiovascular risk profile. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, the guidelines do not recommend Voltaren as a first line medication due to an increased risk profile. There was no documentation that the injured worker has failed a trial of first line anti-inflammatory agents. In addition, the submitted medical records failed to provide documentation regarding a diagnosis of osteoarthritis that would support NSAID use. Therefore, based on CA MTUS and Official Disability Guidelines and submitted medical records, the request for Voltaren is not medically necessary.

**Cyclobenzaprine 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With Cyclobenzaprine, there is no evidence for use of any other muscle relaxant as a topical product. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. In addition, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With Cyclobenzaprine, there is no evidence for use of any muscle relaxant as a topical product. Therefore, based on MTUS guidelines and submitted medical records, the request for topical Cyclobenzaprine application is not medically necessary.

**Acupuncture 2 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS Acupuncture Medical Treatment Guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The MTUS guidelines recommend an initial trail of 3-6 visits. In this case, the submitted medical records failed to provide documentation that the injured workers oral pain medication was reduced or not tolerated. In addition, the submitted medical records failed to provide documentation regarding patient participation in physical therapy and-or home exercise program. Furthermore, the 12 sessions prescribed exceed the MTUS recommendations. Therefore, based on the Acupuncture guidelines and submitted medical records, the request for 12 acupuncture sessions is not medically necessary.

**Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors (PPI) when a patient is considered to be at intermediate or high risk for gastrointestinal events or cardiovascular disease. PPIs should be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. Routine use of PPIs is not recommended as long-term use has been shown to increase the risk of hip fractures. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications, and therefore non-selective non-steroidal, anti-inflammatory medications do not need to be accompanied with a PPI. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Prilosec is not medically necessary.

**TENS/Multi-Stim/Interferential Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS: Documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial, ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals should be established. In this case, the submitted medical records failed to provide documentation that other appropriate pain modalities have been tried (including medication) and failed. This is necessary to meet the CA MTUS guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for a TENS-Multi-Stim-Interferential unit is not medically necessary.

**X-ray of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**Decision rationale:** According to the CA ACOEM Medical Treatment Guidelines, special studies for elbow problems are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. In this case, the submitted medical records failed to provide clinical findings and/or presence of red flags to support diagnostic imaging of the right elbow. Therefore, based on ACOEM guidelines and submitted medical records, the request for x-ray of right elbow is not medically necessary.