

<b>Case Number:</b>	CM15-0149070		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/01/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 21-year-old male, with a reported date of injury of 04-01-2015. The mechanism of injury was a slip and fall backwards while carrying a tray of glass cups. The left side of his back, left forearm, and left elbow hit the tile floor. He suffered an impaction injury to his left shoulder. Parts of glass cups cut the posterior aspect of his left elbow and the ulnar aspect of the left wrist. The injured worker's symptoms at the time of the injury included a left forearm and wrist laceration. The diagnoses include left elbow pain, left elbow laceration, left contusion of elbow, and left wrist laceration. Treatments and evaluation to date have included sports training and rehabilitative therapy, acupuncture treatment, oral non-steroidal anti-inflammatory drug (NSAID) and oral muscle relaxant, and stitches to the left elbow and left wrist. The diagnostic studies to date have included x-rays of the left elbow on 05-26-2015 which showed normal findings; x-rays of the left wrist on 05-26-2015 with normal findings; x-rays of the left shoulder on 06-11-2015 with normal findings; and electrodiagnostic studies of the bilateral upper extremities on 07-06-2015 which showed evidence of cervical radiculopathy on the left side. The Doctor's first report dated 06-26-2015 indicates that the injured worker had moderate left shoulder pain with weakness; left elbow pain with radiation into the upper arm, and associated with swelling and arm weakness; and left wrist pain. The objective findings include increased pain with range of motion of the left shoulder, tenderness to the left trapezius, left periscapular and scapular areas; positive left impingement test; positive Yergason's test; positive O'Brien test; positive acromioclavicular joint stress test; left elbow extension to 5 degrees; left elbow flexion to 130 degrees; tenderness to the posterior aspect of the left elbow over the radial head; mild limitation of the flexion and extension of the left wrist; positive Tinel's to the left wrist to the third, fourth, and fifth fingers; and positive resistive flexion and extension of the left wrist. The

treatment plan included a request for paraffin trial, Omeprazole, and Cyclobenzaprine. There was no documentation of twelve chiropractic sessions or Lidopro in the treatment plan. The injured worker's work status was noted as modified duties. The treating physician requested an unknown trial of paraffin, twelve chiropractic treatment sessions for the left elbow and left wrist, Lidopro 4 ounces, Omeprazole 20mg #60, and Cyclobenzaprine 7.5mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Unknown trial of paraffin: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand: Paraffin Baths (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS - Paraffin Bath Therapy.

**Decision rationale:** MTUS is silent on this therapy. ODG guidelines indicate that paraffin bath therapy is not recommended in treating CTS patients. Paraffin therapy is a superficial heat physical agent that uses conduction to transfer heat. Its intended therapeutic effects include increasing blood flow, producing analgesic effects, decreasing chronic inflammation, improving connective tissue elasticity and stimulating general muscle relaxation. There is an indication of paraffin wax use in arthritis but there is no documentation of hand arthritis in the notes provided for review. This request is not medically necessary.

#### **12 sessions of chiropractic treatment for the left elbow and left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it's caused by musculoskeletal conditions. "The intended goal or effect of manual medicine is the achievement of positive symptomatic gains or objective measurable gains in functional improvement." The treating physician requested chiropractic sessions for the left elbow and left wrist. According to the MTUS, manual therapy and manipulation for the forearm, wrist, and hand it is not recommended. The request does not meet guideline recommendations. Therefore, the request for twelve chiropractic sessions for the left elbow and left wrist is not medically necessary.

#### **1 prescription of Lidopro 4oz: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy had failed. Lidopro cream is a combination of Capsaicin, Lidocaine, Menthol, and Methyl salicylate. The MTUS states that Capsaicin is only recommended when other conventional treatments have failed. There was no documentation that the injured worker had failed other conventional treatments. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. The MTUS guidelines do not address Menthol. Salicylate topicals are recommended by the MTUS. The guidelines indicate that topical salicylate is much better than a placebo in chronic pain. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient. For these reasons, the request for Lidopro is not medically necessary.

**1 prescription of Omeprazole 20mg #60: Upheld**

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

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

**Decision rationale:** This injured worker has been prescribed Naproxen, a non-steroidal anti-inflammatory medication (NSAID), and Omeprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker was prescribed Omeprazole on 06-26-2015. The treating physician indicates that Omeprazole was prescribed due to the continued use of NSAIDs for GI protection. Documentation indicates that the injured worker denied having abdominal pain, constipation, or diarrhea. It was noted that he had heartburn with spicy food. The request does not meet guideline recommendation. Therefore, the request for Omeprazole is not medically necessary.

**1 prescription of Cyclobenzaprine 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63-64.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend Cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been taking the medication since at least 05-21-2015. The treating physician indicates that Cyclobenzaprine was prescribed to control muscle spasm and to help with sleep. The request does not meet guideline recommendations. Therefore, the request for Cyclobenzaprine is not medically necessary.