

Case Number:	CM15-0191204		
Date Assigned:	10/05/2015	Date of Injury:	09/07/2014
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 9-7-14. Medical records indicate that the injured worker is undergoing treatment for a elbow-forearm sprain, left wrist tendinitis, carpal tunnel syndrome, triangular fibrocartilage complex tear, left lateral epicondylitis, injury to ulnar nerve, left rotator cuff syndrome and other disorders of synovium, tendon and bursa. The injured worker was currently not working. Most current progress report dated 6-4-15 notes that the injured worker complained of constant pain and weakness in the left arm. The pain was described as burning with a pins and needles sensation. The pain was rated 9 out of 10 on the visual analogue scale. The pain increased with walking, exercising and leaning forward. Examination of the left upper extremity revealed a decreased range of motion in the shoulder and tenderness over the anterior and lateral aspect of the shoulder. A Hawkin's test was positive. Tenderness to palpation was noted over the lateral epicondyle. Range of motion of the elbow was full. Left wrist examination revealed tenderness to palpation over the radial and ulnar aspect of the wrist. A Tinel's sign was noted to be positive. The injured worker did not note any gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Subsequent progress reports dated (5-7-15 and 4-10-15) indicate the injured workers pain levels were consistent at 9 out of 10. Treatment and evaluation to date has included medications, MRI, electrodiagnostic studies, physical therapy (19), left elbow injection and a home exercise program. Current medications include Naproxen, Menthoderm topical analgesic (since at least April of 2105) and Prilosec (since at least April of 2015) for gastrointestinal prophylaxis. Current treatment requests include Menthoderm 15.00%

analgesic gel 120 ml, Prilosec 20 mg # 60 and acupuncture sessions for the left wrist and elbow # 9. The Utilization Review documentation dated 9-16-15 non-certified the requests for the Mentherm 15.00% analgesic gel 120 ml, Prilosec 20 mg # 60 and acupuncture sessions for the left wrist and elbow # 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Mentherm 15.00% analgesic gel, use 2-3 daily PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Topp R1, et. al. The effect of either topical menthol or a placebo on functioning and knee pain among patients with knee OA, J Geriatr Phys Ther. 2013 Apr-Jun; 36 (2): 92-9. DOI: 10.1519/JPT.0b013e318268dde1.

Decision rationale: Mentherm contains methyl salicylate and menthol. The MTUS and ODG do not specifically address topical menthol use, however, they consider all topical analgesics somewhat experimental due to limited quality studies to show effectiveness and safety. Topical use of menthol, however, is very safe and has some evidence to show that it is effective at both reducing pain as well as increasing function with chronic pain. At least a trial of topical menthol may be indicated, however, in order to justify continuation a clear documentation of pain reduction and functional improvement with its use is required. The MTUS Chronic Pain Treatment Guidelines state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. In the case of this worker, Mentherm topical analgesic was prescribed and recommended to be used by the worker, however, upon review of recent notes, there was no report seen regarding how effective this topical product was at reducing pain and improving function. Therefore, this request for Mentherm is not medically necessary.

Prilosec 20mg PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history

of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, In the case of this worker, Prilosec was prescribed and taken for the purpose of prophylaxis associated with naproxen use, which was reported in the notes. However, there was insufficient reporting seen which would convince the reviewer that this worker was a candidate for ongoing PPI use as there were no medical history factors which elevated his gastrointestinal risk significantly enough to justify the side effects of Prilosec. Therefore, this request for Prilosec is not medically necessary. Weaning may be indicated.

Acupuncture x9 sessions for the Left Wrist and Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, it was not clear if sessions of acupuncture were used by the worker, although there was a request for 6 sessions seen from 4/2015. If some sessions had been completed prior to this request, then there was insufficient reporting on how effective they were to help justify continuation. Also, if this is to be considered a first-time request, then the request for 9 sessions is too many and 3-6 is more appropriate. Therefore, considering the above, this request for acupuncture x9 sessions is not medically necessary.