

Case Number:	CM15-0217069		
Date Assigned:	11/06/2015	Date of Injury:	09/19/2006
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 35 year old male, who sustained an industrial injury on 9-19-06. Medical records indicate that the injured worker is undergoing treatment for lumbar discogenic disease, chronic low back pain, cervical discogenic disc disease, chronic cervical spine sprain-strain, bilateral carpal tunnel syndrome, left knee internal derangement and lumbar five-sacral one degenerative disc disease with herniated nucleus pulposus. The injured workers work status was noted to be permanent and stationary. On (9-1-15) the injured worker complained of bilateral wrist and hand paresthesias, chronic low back pain, bilateral hand pain, cervical spine pain, bilateral wrist pain and left knee pain. The injured worker did not note gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Objective findings revealed severe back pain. The injured worker had difficulty with walking and could not bend. Lumbar spine examination revealed spasm and a painful and decreased range of motion. A straight leg raise test was positive bilaterally. Sensation to light touch and pinprick was decreased on the left at sacral one distribution. Cervical spine examination revealed spasm and facet tenderness. Left knee examination showed tenderness to palpation at the joint line and patellofemoral crepitation. Bilateral wrist and hand examination revealed a positive Tinel's and Phalen's test. Treatment and evaluation to date has included medications, electromyography-nerve conduction study, wrist splint, transcutaneous electrical nerve stimulation unit, psychological evaluation, MRI and physical therapy. The electromyography-nerve conduction study (7-17-15) noted Cervical-six radiculopathy on the right, moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. Current medications include alprazolam, carisprodol, Celebrex, docusate sodium, hydrocodone-acetaminophen, Icy Hot patch,

omeprazole (since at least July of 2015), Promolaxin and Thermacare back-hip bandage. The medications were noted to provide 50% improvement. With medications the injured worker pain had decreased pain and his function increases so that he is able to be more active. The injured worker can walk better, sit, stand, cook, clean and do self-care. The Request for Authorization dated 10-13-15 included requests for a left carpal tunnel release, Prilosec 20mg #60 and Terocin patches #30. The Utilization Review documentation dated 10-28-15 non-certified the requests for a left carpal tunnel release, Prilosec 20mg #60 and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: The patient is a 35 year old male with signs and symptoms of a left carpal tunnel syndrome and previous diagnosis of a possible bilateral C5-C6 radiculopathy. Conservative management of the carpal tunnel syndrome has included physical therapy, activity modification, analgesia and splinting. Electrodiagnostic studies are supportive of a mild left carpal tunnel syndrome. There has not been documentation of a consideration for a steroid injection. From page 270, ACOEM, Chapter 11, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. As the patient has evidence of a mild carpal tunnel syndrome, guidelines support a consideration for a steroid injection to help facilitate the diagnosis, especially given the questionable diagnosis of a C5-C6 radiculopathy. Since this was not adequately documented in the medical records provided for this review, left carpal tunnel release is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient is a 35 year old with chronic pain of the neck, back and wrists. There was not documentation of any gastrointestinal symptoms or history of gastrointestinal disease (or other medical problems) to warrant a proton pump inhibitor. Therefore, it is not medically necessary. From page 68, Chronic pain medical treatment guidelines: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Biofreeze.

Decision rationale: The patient is a 35 year old with chronic pain of the neck, back and wrists. A request had been made for Terocin patches. Terocin is a topical combining lidocaine with menthol. Chronic Pain Medical Treatment guidelines on topical analgesics state: Topical Analgesics: Recommended as an option as indicated below: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. Lidocaine topical can be considered appropriate based on the following: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. However, they state: No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Chronic pain medical treatment guidelines did not discuss Menthol, but ODG guidelines, low back chapter under "Biofreeze", states that the active ingredient in Biofreeze is menthol, and it is a topical cooling agent that takes the place of Ice packs. ODG guidelines states this is indicated for acute low back pain. The available medical reports document that the patient has chronic back pain, neck pain a wrist pain. This is not an acute condition. The physician requested Terocin patches which consist of menthol. As stated above: any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains. Menthol which is indicated under ODG guidelines as a topical cooling agent for acute conditions. The patient's pain status is documented to be a chronic condition. Therefore, the request for terocin patches is not medically necessary.