MAXIMUS Federal Services

Case Number:	CM15-0045395		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2004
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania
Certification(s)/Specialty: 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:

This 61 year old female has reported multifocal pain after an injury on 01/30/2004. Diagnoses have included right hip sprain/strain, left knee internal derangement, myofascial pain syndrome, chronic pain syndrome, carpal tunnel syndrome, status post carpal tunnel release on the right, trapezium arthritis on the right status post excision, carpometacarpal (CMC) and possibly scaphotrapezotrapezoidal (STT) joint involvement of the thumb on the left, stenosing tenosynovitis of the A1 pulley of the thumb on the left, depression, obesity, and hypertension. Treatment has included upper extremity surgeries, medications, physical therapy, bracing, injections, and left knee surgery. Per a PMR physician report of 8/19/14, there was ongoing pain for which she took Norco, tramadol, and naproxen. Acupuncture and a functional restoration program were prescribed. Per the primary treating physician report of 9/26/14, the injured worker was depressed, frustrated, not working, and requires home assistance for "chores around the house and activities of daily living." The treatment plan included dispensing or prescribing of naproxen, tramadol, Protonix, and Effexor. She was referred for psychotherapy and ankle imaging. On 9/24/14, a pain management physician reported on ongoing widespread pain. Medications included Norco and naproxen. Lyrica was prescribed. There was no discussion of the results of using any specific medication other than Lyrica. Per the report of 12/4/14 from an orthopedic surgeon, there was ongoing hip and thigh pain, use of a cane, and a recent epidural steroid injection that worsened her pain. Medications included Norco, naproxen, and Colace. The treatment plan included a future hip radiograph and a pain management follow-up. There was no discussion of the results of using any specific medication. On 2/27/15 Utilization Review non-certified electrodiagnostic testing, home assistance, Nalfon, and LidoPro cream.

Note was made of prior electrodiagnostic testing on 4/25/14 and 3/7/12. Note was made of the lack of indications per the MTUS, and the lack of benefit from using NSAIDs. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG-NCV-Bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-carpel tunnel.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 and 272.

Decision rationale: There are no reports from the prescribing physician, which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is insufficient and there is no specific neurological information showing the need for electro-diagnostic testing. This injured worker has had prior electrodiagnostic testing on two occasions that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Nalfon 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise from NSAIDs used to date or that NSAIDs have

been given a specific clinical trial. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS, particularly in this injured worker with a history of hypertension. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long-term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Lidopro cream 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications.

Decision rationale: LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Methyl salicylate may be indicated in standard formulation but not that in LidoPro. The topical

compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Home help for 3 hours a day for 4 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Home care of a custodial nature may be medically necessary when a patient has an injury or illness, which renders them unable to provide basic self care. This injury or illness must be verifiable in an objective manner, and must be reasonably expected to cause a profound degree of impairment. A typical example would be paralysis after a stroke. A patient report of impairment is not a sufficient basis on which to provide home care. Patient convenience is not an adequate basis for home custodial care. There must also be good medical evidence to support the need for home care. In this case, typical patients of this sort are able to provide for themselves with respect to activities of daily living (ADL's). No medical reports establish specific impairment requiring home assistance. The MTUS, cited above, refers to home assistance for "homebound" patients, and that custodial care is not medical treatment. This injured worker is not homebound. In addition, return to function is aided by patient activity, not inactivity. There is insufficient information now demonstrating medical necessity for home custodial care, and it is not supported by the MTUS.