

Case Number:	CM15-0059408		
Date Assigned:	04/03/2015	Date of Injury:	02/13/2001
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 02/13/2001. The mechanism of injury was not specified. His diagnoses included wrist joint inflammation, end stage arthritis, ganglion cyst, and bilateral carpal tunnel syndrome. His surgical history was noted to include bilateral wrist surgeries. Past treatments included activity modification, physical therapy, medication therapy, bilateral wrist braces, and the use of a TENS unit. On 03/11/2015, the injured worker was seen for a follow-up visit. He reported significant pain. He reported stiffness and swelling with weather effects. Physical examination revealed tenderness along the base of the thumb and wrist, especially on the left side and Tinel's mild at the wrist. Current medications included Norco 10/325, trazadone 50mg, Topamax 50mg, tramadol 150mg and nalfon 400mg. The treatment plan included a continuation of medications and a TENS unit with conductive garment. A request was received for Tens Unit purchase with conductive garment, Fenoprofen Calcium 400mg, #60, Percocet 10mg, #90, Pantoprazole Sodium 20mg, #60, Lidopro Cream 1 bottle, 121g, Tramadol/APAP 37.5/325mg, #60 and Eszopiclone 2mg, #30. The rationale for the request was not specified. The Request for Authorization form was dated 03/11/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit purchase with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The California MTUS Guidelines state that a 1 month trial period of a TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. In addition, the guidelines state that rental would be preferred over purchase. The clinical information indicated previous use of the TENS unit. However, there was a lack of documentation with evidence of use including how often the unit was used, outcomes of pain relief and function, and other ongoing pain treatments during the trial period. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Tens Unit purchase with conductive garment is not medically necessary.

Fenoprofen Calcium 400mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs as a second line treatment after acetaminophen. The clinical information indicated that past treatments included medication treatment with Norco, trazadone, and nalfon. However, there was no documentation with evidence of a failed trial of acetaminophen before the administration of NSAIDs. Given the absence of the information indicated above, the request is not supported. Therefore, this request for Fenoprofen Calcium 400mg, #60 is not medically necessary.

Percocet 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking opioids since at least 12/10/2014. However, there was no documentation with evidence of quantified functional improvement with the use of the medication. Furthermore, there was no

documentation with evidence of a current drug screen to assess for aberrant behavior. Given the absence of the information indicated above, the request is not supported. Therefore, this request for Percocet 10mg, #90 is not medically necessary.

Pantoprazole Sodium 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors in patients at risk for gastrointestinal events. The clinical information indicated that the injured worker reported significant pain of the hands. However, there was no documentation with evidence of gastrointestinal complaints to warrant proton pump inhibitors. Given the absence of the information indicated above, the request is not supported. Therefore, this request for Pantoprazole Sodium 20mg, #60 is not medically necessary.

Lidopro Cream 1 bottle, 121g: 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): 111-112.

Decision rationale: The California MTUS Guidelines state that topical lidocaine in the formulation of a dermal patch is recommended. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated. The clinical information indicated that the injured worker reported significant pain of the hands. However, as the guidelines do not recommend the use of lidocaine in cream, lotion, or gel formulations, the request is not supported. Therefore, this request for Lidopro Cream 1 bottle, 121g is not medically necessary.

Tramadol/APAP 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant drug related behaviors. The clinical information indicated the injured worker has been taking opioids since at least 12/10/2014. However, there was no documentation with evidence of quantified functional improvement with the use of the medication. Furthermore, there was no documentation with evidence of a current drug screen to assess for aberrant behavior. Given the absence of the information indicated above, the request is not supported. Therefore, this request for Tramadol/APAP 37.5/325mg, #60 is not medically necessary.

Eszopiclone 2mg, #30: 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) TWC, Treatment integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) Mental Illness & Stress, Eszopiclone.

Decision rationale: The Official Disability Guidelines do not recommend eszopiclone for long term use but for the short term use for insomnia. The clinical information indicated the injured worker has previously used trazadone for insomnia since at least 12/10/2014. However, there was no documentation with evidence of quantified functional improvement with its use. In addition, there was no clear rationale for the need of eszopiclone. Given the absence of the information indicated above, the request is not supported. Therefore, this request for Eszopiclone 2mg, #30 is not medically necessary.