

Case Number:	CM15-0082635		
Date Assigned:	05/05/2015	Date of Injury:	07/10/2006
Decision Date:	07/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old female who sustained a work related injury July 10, 2006. According to a treating physician's follow-up evaluation, dated March 18, 2015, the injured worker presented with pain in the right wrist with numbness, tingling, and weakness. She has difficulty with opening jars, closing items, fine motor skills, and is often dropping objects. There is also persistent neck pain, with radiating pain down the right arm, with numbness and tingling. Diagnoses included chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on July 10, 2006. The medical records provided indicate the diagnosis of chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg #60. Naproxen is an NSAID. The MTUS recommend the use of the lowest dose of the NSAIDs for the shortest period in patients with moderate to severe pain. The medical records indicate the injured worker has been using this medication at least since 2014 without overall improvement. There is no indication the injured worker is being monitored for chemistry profile and blood counts, as recommended by the MTUS.

Ultracet 37. 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on July 10, 2006. The medical records provided indicate the diagnosis of chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet. The medical records provided for review do not indicate a medical necessity for Ultracet 37. 5/325mg #60. Ultracet is a combination of the synthetic opioid Tramadol and Acetaminophen. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using the medication at least since 09/2014, but with no overall improvement. The injured worker is not well monitored for pain control, activities of daily living, adverse effects, and aberrant behavior.

Protonix 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.

Decision rationale: The injured worker sustained a work related injury on July 10, 2006. The medical records provided indicate the diagnosis of chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet. The medical records provided for review do not indicate a medical necessity for Protonix 20mg #60. Protonix (pantoprazole) is a proton pump inhibitor. The MTUS recommends the addition of the proton pump inhibitors in the treatment of individuals at risk of gastrointestinal events who are being treated with NSAIDs. The requested treatment is not medically necessary since the NSAID medication has been determined not to be medically necessary.

Lidopro lotion 4 ounces: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on July 10, 2006. The medical records provided indicate the diagnosis of chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet. The medical records provided for review do not indicate a medical necessity for: Lidopro lotion 4 ounces. Lidopro is a topical analgesic containing Capsaicin, Lidocaine, menthol, and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not recommended since Menthol and this formulation of Lidocaine are not recommended.

Terocin patches #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on July 10, 2006. The medical records provided indicate the diagnosis of chronic neck pain; right carpal tunnel syndrome (not officially approved); right wrist joint inflammation; left lateral epicondylitis (unclear as to coverage); chronic pain syndrome. Treatment plan included request for authorization for Lidopro lotion, Naproxen, Protonix, Terocin patches, and Ultracet. The medical records provided for review do not indicate a medical necessity for: Terocin patches #30. Terocin patches is a topical analgesic containing Methyl Salicylate 25%; Capsaicin 0.

0.25%; Menthol 10%; and Lidocaine 2.50%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment is not recommended since Menthol and this formulation of Lidocaine are not recommended.