

Case Number:	CM15-0241709		
Date Assigned:	12/18/2015	Date of Injury:	08/02/2014
Decision Date:	01/28/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/11/2015

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: 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 49 year old female, who sustained an industrial injury on 8-2-2014. A review of the medical records indicates that the injured worker is undergoing treatment for hand crush injury, status post left hand surgery, left hand compartment syndrome, and cervical spine decreased lordosis and acquired deformity of the neck, cervical spondylosis, and right shoulder downsloping acromion. On 9-15-2015, the injured worker reported constant severe neck pain radiating down the left arm to the fingers with numbness and tingling in all fingers, with stiffness, limited motion, and increased spasm of the neck, and headaches and pain disrupting her sleep. The injured worker also reported constant slight to intermittent moderate and occasional severe pain in the left shoulder, left arm, and left wrist. The Primary Treating Physician's report dated 9-15-2015, noted the injured worker underwent a left stellate ganglion block on 9-8-2015 with the injured worker reporting pain relief for two hours and then her pain returned to the pre-injection level. The injured worker's current medications were noted to include Norco, Nalfon, Protonix, and Terocin cream, noted by the 10-19-2015 Agreed Medical Examiner's report to have been prescribed since at least 1-20-2015. The physical examination was noted to include computerized range of motion (ROM) and muscle testing of the cervical spine, shoulders and wrists. The injured worker was noted to have significant pain in the cervical spine, left shoulder, left arm, and left wrist. The treatment plan was noted to include prescribed Norco, and dispensed Nalfon, Protonix, and Terocin cream. The request for authorization dated 11-9-2015, requested retro: Nalfon 400mg #60 (DOS: 9-15-2015), retro: Protonix 20mg #60 (DOS: 9-15-2015), and retro: Terocin Lotion 120ml, one tube (DOS: 9-15-2015). The Utilization Review (UR) dated 11-

20-2015, non-certified the requests for retro: Nalfon 400mg #60 (DOS: 9-15-2015), retro: Protonix 20mg #60 (DOS: 9-15-2015), and retro: Terocin Lotion 120ml, one tube (DOS: 9-15-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Nalfon 400mg #60 (DOS: 9/15/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

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

Decision rationale: This patient receives treatment for chronic pain arising from an industrial injury on 08/02/2014. The patient experienced a roller crush injury to the L hand and developed compartment syndrome, which required hand surgery. The patient also suffers from chronic neck pain and is diagnosed with cervical spondylosis. The patient has cervical pain that radiates down the L arm to the fingers. On exam there is reduced ROM of the neck with spasms of the neck muscles. On exam the head is held at an abnormal angle and there is reduced ROM of the cervical spine. There is tenderness on palpation of the trapezius. On the shoulder exam there is tenderness of the glenoid and a positive drop arm test is evident. On the wrist there is tenderness of the radioulnar joint and the radiocarpal joint on the left. There is diffuse tender injures of the fingers of the left hand. Tinel's sign is positive on the left wrist. The medical diagnoses include roller injury to the hand, s/p surgery treatment for compartment syndrome and internal derangement of the shoulder with rotator cuff injury. The review addresses a request for Nalfon 400 mg #60. Nalfon is an NSAID. NSAIDs may be medically indicated to treat pain and inflammation associated with an acute injury and used for the shortest length of time. NSAIDs can be beneficial to treat exacerbations of joint pain and arthritis. In the clinical setting of chronic neck and hand pain, long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. There is no documentation that these potential hazards of NSAID use have been pursued. Ongoing use of Nalfon is not medically necessary.

Retro: Protonix 20mg #60 (DOS: 9/15/2015): 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: This patient receives treatment for chronic pain arising from an industrial injury on 08/02/2014. The patient experienced a roller crush injury to the L hand and developed compartment syndrome, which required hand surgery. The patient also suffers from chronic neck pain and is diagnosed with cervical spondylosis. The patient has cervical pain that radiates down the L arm to the fingers. On exam there is reduced ROM of the neck with spasms of the neck muscles. On exam the head is held at an abnormal angle and there is reduced ROM of the cervical spine. There is tenderness on palpation of the trapezius. On the shoulder exam there is tenderness of the glenoid and a positive drop arm test is evident. On the wrist there is tenderness of the radioulnar joint and the radiocarpal joint on the left. There is diffuse tenderness of the fingers of the left hand. Tinel's sign is positive on the left wrist. The medical diagnoses include roller injury to the hand, s/p surgery treatment for compartment syndrome and internal derangement of the shoulder with rotator cuff injury. The review addresses a request for Protonix 20 mg #60. This patient receives treatment for chronic pain arising from an industrial injury on 08/02/2014. The patient experienced a roller crush injury to the L hand and developed compartment syndrome, which required hand surgery. The patient also suffers from chronic neck pain and is diagnosed with cervical spondylosis. The patient has cervical pain that radiates down the L arm to the fingers. On exam there is reduced ROM of the neck with spasms of the neck muscles. On exam the head is held at an abnormal angle and there is reduced ROM of the cervical spine. There is tenderness on palpation of the trapezius. On the shoulder exam there is tenderness of the glenoid and a positive drop arm test is evident. On the wrist there is tenderness of the radioulnar joint and the radiocarpal joint on the left. There is diffuse tender injures of the fingers of the left hand. Tinel's sign is positive on the left wrist. The medical diagnoses include roller injury to the hand, s/p surgery treatment for compartment syndrome and internal derangement of the shoulder with rotator cuff injury. The review addresses a request for Protonix 20 mg #60. Protonix is a proton pump inhibitor (PPI). A PPI may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.

Retro: Terocin Lotion 120ml, one tube (DOS: 9/15/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This patient receives treatment for chronic pain arising from an industrial injury on 08/02/2014. The patient experienced a roller crush injury to the L hand and developed compartment syndrome, which required hand surgery. The patient also suffers from chronic neck pain and is diagnosed with cervical spondylosis. The patient has cervical pain that radiates down the L arm to the fingers. On exam there is reduced ROM of the neck with spasms of the neck muscles. On exam the head is held at an abnormal angle and there is reduced ROM of the cervical spine. There is tenderness on palpation of the trapezius. On the shoulder exam there is tenderness of the glenoid and a positive drop arm test is evident. On the wrist there is tenderness

of the radioulnar joint and the radiocarpal joint on the left. There is diffuse tenderness of the fingers of the left hand. Tinel's sign is positive on the left wrist. The medical diagnoses include roller injury to the hand, s/p surgery treatment for compartment syndrome and internal derangement of the shoulder with rotator cuff injury. The review addresses a request for Terocin Lotion 120 ml, one tube. Terocin is a compounded lotion containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and Lidocaine 2.50%. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Salicylate is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in their topical form. Menthol is a topical irritant which is not medically indicated to treat chronic pain. Lidocaine is a local anesthetic. Lidocaine may be medically indicated to treat painful peripheral neuropathy, for example post-herpetic neuralgia, which this patient does not have. Terocin lotion is not medically necessary.