

Case Number:	CM14-0115125		
Date Assigned:	09/10/2014	Date of Injury:	01/01/2005
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old woman with a date of injury of Jan 1, 2005. She continues to have persistent pain and neurological deficits primarily in her upper extremities by leaning and reaching forward. A transcutaneous electrical nerve stimulation unit and cervical traction device have limited her pain. She had trigger point injections on the left side on July 30, 2014 which increased her functional ability. Physical exam was remarkable for limited cervical spine range of motion and significant tenderness. Upper arm palpation led to right hand numbness and radial nerve palpation led to paresthesias along the radial nerve distribution. Her diagnoses include bilateral upper extremity complex regional pain syndrome; right radial nerve injury; radiculitis in the C6 dermatomal region, right more than left; thoracic outlet syndrome; anxiety; bilateral forearm tendonitis; right metacarpal phalangeal joint edema; degenerative cervical disc disease; thoracic strain; depression and left upper extremity strain. Per office note on June 9, 2014, worker's mobility has increased and she is able to perform exercise program and core strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID SOLUTION 2% #112 GM: Upheld

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

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

Decision rationale: Pennsaid contains diclofenac, a nonsteroidal anti-inflammatory drug. It works by reducing hormones that cause inflammation and pain in the body and is used to treat pain in the knees caused by osteoarthritis. Topical nonsteroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain, as there is no evidence to support use. This worker primarily has longstanding bilateral upper extremity chronic and persistent musculoskeletal and neuropathic pain, which is not an indication for the use of Pennsaid. Therefore, request for PENNSAID SOLUTION is not medically necessary.

LIMBREL 250MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Limbrel

Decision rationale: Limbrel is flavocoxid/citrated zinc bisglycinate. It is used for dietary management of osteoarthritis and associated swelling. It is not addressed in the Chronic Pain Medical Treatment Guidelines or American College of Occupational and Environmental Medicine Guidelines, but per the Official Disability Guidelines, Limbrel (flavocoxid) is under study as an option for arthritis in workers at risk of adverse effects from nonsteroidal anti-inflammatory drugs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes. This worker has musculoskeletal and neuropathic pain, not osteoarthritis. There is no documentation that she is unable to take nonsteroidal anti-inflammatory drugs for her condition, so medical necessity of Limbrel has not been shown. Therefore, the request for LIMBREL is not medically necessary.

LIDOCAINE TOPICAL SOLUTION 4% #30CC: Upheld

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

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor or anti-depressants or an antiepileptic drug such as gabapentin). This is not a first-line treatment and is only food and drug administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that the worker has failed a first line medication therapy. Therefore, request for LIDOCAINE TOPICAL SOLUTION is not medically necessary.

MRI CERVICAL SPINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 8-4, page 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, a magnetic resonance imaging scan may be indicated for red flags, tissue insult, nerve impairment or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. Per American College of Occupational and Environmental Medicine Guidelines, tests are supported after 4-6 weeks for cervical nerve root compression with radiculopathy in the presence of progressive weakness. This worker does not have progressive weakness; in fact, it is noted she has increased mobility and is able to perform her home exercises. Therefore, request for MRI is not medically necessary.

PHYSICAL THERAPY, HAND, SHOULDER, WRIST, #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, physical treatment for shoulder pain by treating initially with strengthening or stabilization exercises for impingement syndrome, rotator cuff tear, instability and recurrent dislocation is recommended. At-home applications of heat or cold packs to aid exercises are optional as is a short course of supervised exercise instruction by a therapist. Per Chronic Pain Medical Treatment Guidelines, home exercises for the hand and wrist are recommended. At-home applications of heat or cold packs are optional. The worker was injured almost 10 years ago and is out of the "initial" phase of the injury, and she is performing home exercises satisfactorily by herself, therefore formal physical therapy instruction is not needed. Therefore, request for PHYSICAL THERAPY, HAND, SHOULDER, WRIST is not medically necessary.

COGNITIVE BEHAVIORIAL CONSULTATION WITH [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. This worker has had chronic pain since her injury in 2005, with depression and sleep interference, loss of ability to perform activities of daily living, daytime somnolence, and adverse effects of medications. A behavioral consultation is indicated. The requested COGNITIVE BEHAVIORIAL CONSULTATION WITH [REDACTED] is medically necessary.