

Case Number:	CM13-0011480		
Date Assigned:	09/20/2013	Date of Injury:	09/19/2011
Decision Date:	01/16/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 66-year-old male who reported an injury on 09/19/2011 due to cumulative trauma. Previous treatments included chiropractic massage, hot and cold application therapy, chiropractic adjustments, active therapy, bracing, and anti-inflammatory drugs. The patient also received corticosteroid injections. The patient's most recent physical exam findings included reduced grip strength of the right hand when compared to the left, along with tenderness to palpation along the right wrist snuffbox, scapholunate, and lunotriquetral area. There was also tenderness to palpation along the base of the thumb. The patient's diagnoses included wrist joint inflammation, CMC joint inflammation, and STT joint inflammation bilaterally. The patient's treatment plan included physical therapy, medications, splinting, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy X 12 sessions for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient does have continued wrist and hand complaints. The clinical documentation submitted for review does provide evidence that the patient has previously participated in physical therapy. The patient should have been transitioned into a home exercise program. The California Medical Treatment and Utilization Schedule does recommend additional physical therapy follow-up to re-establish a home exercise program. However, the requested 12 physical therapy sessions are in excess of this recommendation. As such, the requested 12 Physical Therapy sessions for bilateral wrists are not medically necessary or appropriate.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has persistent bilateral wrist pain complaints. The California Medical Treatment and Utilization Schedule recommends a 1-month trial to support the use of this type of treatment modality. Additionally, a TENS unit is not recommended as a standalone treatment. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program that would benefit from a TENS unit. Additionally, there is no evidence of a trial period for a TENS unit to support the efficacy of continued use. As such, the requested TENS unit is not medically necessary or appropriate.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has continued bilateral wrist complaints. It was also noted within the documentation that the patient has been using a non-steroidal anti-inflammatory drug. The California Medical Treatment and Utilization Schedule recommends the use of a gastrointestinal protectant when they are at risk for significant gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide evidence that the patient is at risk for significant gastrointestinal events related to the medication. As such, the requested Prilosec 20mg is not medically necessary or appropriate.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The requested Terocin lotion is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has continued bilateral wrist pain. The requested Terocin cream contains methyl salicylate, capsaicin, menthol, and lidocaine. The California Medical Treatment and Utilization Schedule does recommend the use of methyl salicylate and menthol as topical agents, and the use of capsaicin is only recommended for patients who are intolerant of, or unresponsive to, other treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond adequately to other treatments or is intolerant of oral medications. In addition, the California Medical Treatment and Utilization Schedule states that "no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Also, guidelines do not recommend lidocaine for non-neuropathic pain. Finally, the California Medical Treatment and Utilization Schedule recommends the introduction of pain medications for the management of chronic pain be introduced 1 at a time. Therefore, a formulation of medication with multiple medications would not be indicated. As such, the requested Terocin lotion is not medically necessary or appropriate.

Medrox patch: 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.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has continued bilateral wrist pain complaints. However, the requested topical agent contains menthol and capsaicin. The California Medical Treatment and Utilization Schedule recommends the use of capsaicin as a topical agent for patients who are non-responsive to, or are intolerant of, other treatments. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant of first line treatments or is unable to take oral medications. As such, the requested Medrox patch, #15 is not medically necessary or appropriate.