MAXIMUS Federal Services

| Case Number: | CM13-0013847 | | |
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| Date Assigned: | 03/10/2014 | Date of Injury: | 04/18/2012 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 08/04/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

## 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 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 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:

This female injured worker was injured on 4/18/12. Per the primary treating physician's progress report, the injured worker is two weeks status post right carpal tunnel release with ulnar nerve deompression at the wrist. She is complaining of increasing pain in the left elbow. She denies reinjury. Examination of the upper extremities revealed the wound is well healed without evidence of infection. Her sutures were removed. There is slight swelling and stiffness. There is mild tenderness over the left carpal tunnel scar. There is slight lateral epicondylar and radial tunnel tenderness on the left. Grip strength is diminished. Diagnoses include status post right carpal tunnel release with ulnar nerve decompression at the wrist, left lateral epicondylitis, left radial tunnel syndrome, bilateral forearm tenditintis, bilateral shoulder impingement, and status post left carpal tunnel release with ulnar nerve decompression at the wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL CARPAL TUNNEL SLEEVES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The MTUS/ACOEM guidelines do not recommend the use of splinting following carpal tunnel release surgery. Bulky dressings are as effective as splinting, and after 48 hours splinting may be detrimental. Since this injured worker is two weeks status post carpal tunnel release, the request for bilateral carpal tunnel sleeves is determined to not be medically necessary.

**60 VOLTAREN 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-71.

**Decision rationale:** The use of NSAIDs is recommended with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and their use may inhibit the healing process. The injured worker does have left elbow pain, which is attributed to overuse of the left upper extermity following surgery to the right hand. Voltaren may be applicable for a short period, but this is a 60-day supply (the order is for Voltaren 100mg daily with food). This new injury occurred over a short period of time due to overuse, and may likely resolve in a short period of time with regular use. As such, the request for 60 Voltaren 100mg is determined to not be medically necessary.

**TEROCIN LOTION 120ML:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzon: Practical Management of Pain, 5th ed., chapter 37, Mosby (2013). Page(s): 28, 104, 111-1.

**Decision rationale:** Per the manufacturer's information,Terocin lotion is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, and methyl salicylate 25%. Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fribromyalgia, and chronic non-specific back pain. Salicylate topicals are recommended by the guidelines, as they are significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of aneshtetic agents. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol. Topical analgesics are recommended by the guidelines, but compounded topical analgesics that contain at least one drug or drug class that is not recommended are not recommended. The claims administrator did not provide a reason for not certifying Terocin. The ingredients contained in Terocin are supported by the guidelines and

medical literature, and appears to be a suitable option for this injured worker. The request for Terocin lotion 120 mL is determined to be medically necessary.