

Case Number:	CM13-0022021		
Date Assigned:	03/19/2014	Date of Injury:	01/25/2010
Decision Date:	04/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 is a 52 year-old female who was injured on 1/25/10. She has been diagnosed with stenosing tenosynovitis along the A1 pulley of the thumb and index finger s/p release on the left; left thumb CMC joint inflammation, treated with bracing and thumb spica stay; history of right elbow surgery; and an element of depression. According to the 8/13/13 orthopedic report from [REDACTED], the patient is seen for follow-up on left wrist, left thumb and index finger. She had electrodiagnostics recently that showed compression of the ulnar nerve on the left. She had a left wrist arthrogram showing marked thinning and tiny perforation of the articular disc of the TFC with small dorsal ganglion cyst. Lo back MRI shows grade 1 spondylolisthesis at L5/S1 with marked degenerative changes and moderate foraminal narrowing on the left at L5. She reports depression, stress and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS Page(s): 8-9 OF 127.

Decision rationale: The patient presents with left wrist/hand pain. I have been asked to review for necessity of Norco. The medical records from [REDACTED] office were reviewed from 1/9/13 through 8/13/13 for some documentation of efficacy for any medications. The pain levels have been documented on several reports ranging from 7/10 to 9/10, but none of the available reports mention whether the Norco has helped decrease pain, or improve function, or quality of life. MTUS states " All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement " MTUS also states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. " There is no documentation of a satisfactory response. MTUS does not recommend continuing with medications that are not producing a satisfactory response.

MEDROX PATCH #20: 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): 111-113.

Decision rationale: The patient presents with left wrist/hand pain. I have been asked to review for necessity of Medrox patches. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.0375%, and MTUS for capsaicin states " There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " MTUS does not appear to support the use of 0.0375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.

PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIVASCULAR RISK Page(s): 68-69.

Decision rationale: The patient presents with left hand/wrist pain. I have been asked to review for necessity of Prilosec. The 8/13/13 report states the Prilosec was being used for GI upset from medications. The patient had been on Naproxen, and review of the medical records back to 5/13/13 shows complaints of GERD that was to be evaluated by a separate specialist. MTUS

state for "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The request for Prilosec appears to be in accordance with MTUS guidelines.

DENDRACIN 120ML #1: Upheld

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

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

Decision rationale: The patient presents with left wrist/hand pain. I have been asked to review for Dendracin 120ml. Dendracin is methyl salicylate, benzocaine and menthol and Dendracin Neurodendraxin is capsaicin, menthol and methyl salicylate. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS offers some support for methyl salicylate and menthol. The benzocaine would fall under the MTUS section for topical analgesics, and MTUS states these are: "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is reported to have neuropathic pain with ulnar nerve involvement. But the available records do mention trial or failure of antidepressants or anticonvulsants. Topical Benzocaine does not appear to meet the MTUS criteria, and therefore whole compounded product Dendracin would not be in accordance with MTUS guidelines for this case.