

Case Number:	CM13-0033945		
Date Assigned:	12/06/2013	Date of Injury:	08/27/2012
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery 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 23-year-old gentleman who was injured in a work related accident on 08/27/12. Records indicate an injury to the left upper extremity. The clinical records reviewed included a prior operative report indicating the claimant underwent a 12/17/12 right knee arthroscopy with partial medial meniscectomy. A second operative procedure available for review indicates he underwent a 04/18/13 left carpal tunnel release, left ulnar nerve decompression with muscle tendon transfer. Postoperatively, the claimant has been treated with a significant course of physical therapy. A 09/12/13 follow up with [REDACTED], indicated continued left wrist and medial elbow complaints, stating recent treatment including physical therapy and a corticosteroid injection to the elbow had been somewhat beneficial. Objectively, there continued to be tenderness to palpation over the elbow and over the left wrist with moderate swelling. The plan at that time was for continuation of work restrictions as well as 12 additional sessions of hand therapy and medications to include Terocin patches and Prilosec and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continuation of physical therapy for the claimant's surgical process that included a cubital and carpal tunnel release would not be indicated. The records indicate a significant course of physical therapy has already been utilized. Guideline criteria would recommend the role of up to eight sessions of therapy following carpal tunnel release and 20 sessions of therapy following a cubital tunnel release with postsurgical window cubital tunnel release being that of six months. Given the fact that the claimant is now greater than six months following time of procedure having already undergone a substantial amount of therapy to date, the continuation of this modality would not be indicated.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continuation of Prilosec, a proton pump inhibitor, for GI symptoms would not be indicated. Use of proton pump inhibitors in the chronic pain setting are indicated if significant risk factor gastrointestinal event is noted. These risks factors would include an age greater than 65-years, a history of peptic ulcer, GI bleeding, or perforation, concordant use of aspirin, corticosteroids, or anticoagulants, or high dose multiple nonsteroidal use. The absence of any of the above risk factors would fail to necessitate the continued role of this agent in the chronic stage in course of care.

Terocin Patches dispensed #100: 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): s 111-113.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Terocin patches, a topical compounding agent that contains Methanol as well as Lidocaine would not be indicated. Lidocaine is indicated for neuropathic pain that is intolerant to first line therapies including tricyclic antidepressants, or agents such as Gabapentin or Lyrica. Without documentation of a clear diagnosis of neuropathic pain or indication of a prior first line therapy, the role of this topical compounded patch would not be supported.