

<b>Case Number:</b>	CM13-0034930		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 56 year old male who reported an injury on 07/09/2007. The mechanism of injury was not submitted. The patient was diagnosed with status post right carpal tunnel release with ulnar nerve decompression at the wrist, left carpal tunnel syndrome with probable ulnar nerve compression at the wrist, bilateral forearm tendonitis, bilateral thumb CMC synovitis, trapezial, paracervical and parascapular strain, cervical arthrosis/radiculopathy, low back injury, left hip injury and status post right cubital tunnel release (previous industrial injury). The patient continued to complain of pain and weakness to the hands with occasional numbness. The physical examination revealed mild tenderness over the right carpal tunnel scar, slight thumb CMC tenderness bilaterally, positive Tinel's and Phalen's test over the left ulnar nerve. The patient also had decreased sensation to median nerve distribution in the right hand and diminished grip strength. The treatment plan was to continue home exercise and anti-inflammatory lotions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 dispensed on 7/9/13:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of pain and weakness to the hands with occasional numbness. CA MTUS recommends the use of proton-pump inhibitors for patients using opioids that are at risk for GI upset. However, the clinical documentation submitted for review does not indicate the patient using opioids for pain treatment and did not indicate the patient was at risk for gastrointestinal events. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Terocin lotion provided on 7/9/13:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain and weakness to the hands. However, CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS states Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, 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. Given the documentation does not support the guideline criteria, the request is non-certified.