

<b>Case Number:</b>	CM13-0040059		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Cardiology 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 39-year-old female who reported a work-related injury on 06/10/2013 when she began to experience pain in her bilateral hands, arms, and elbows. Her medications include naproxen, Norco, and Norflex. The patient has undergone right pronator release and right thumb trigger release. Electrodiagnostic studies revealed normal findings of bilateral upper limbs. The patient has complaints of constant, sharp, aching pain in her bilateral hands, arms, elbows, and right wrist. A request was made for orthoses duration and frequency unknown, for bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Orthoses duration and frequency unknown, for bilateral wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Recent clinical documentation submitted for review stated the patient rated her pain to her bilateral hands, arms, elbows, and right wrist as a 10 on a scale of 1 to 10. She

stated her pain was aggravated by everything and was alleviated by nothing. The patient's treatment to date has included medication and physical therapy. Examination of the right upper extremity revealed a positive Finkelstein test for de Quervain's and a positive Tinel's test. There was 2+ irritation of the median nerve at the wrist with radiation into the right thumb, index and long finger. She also had a positive Tinel's at the right ulnar cubital tunnel which radiated down to the 5th finger. California Medical Treatment Guidelines for Chronic Pain indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents. There was a lack of evidence in the submitted documentation stating the patient had failed trials of antidepressants and anticonvulsants for her neuropathic pain. Furthermore, the duration and frequency of the medication requested was not stated. Given the above, the request for orthoses duration and frequency unknown, for bilateral wrists is non-certified.