

Case Number:	CM13-0056786		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2010
Decision Date:	04/01/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 27-year-old female who reported an injury on 04/09/2010 due to cumulative trauma while performing normal job duties. The patient's treatment history included medication usage, a TENS unit, physical therapy, aqua therapy, and a service dog. The patient's most recent clinical documentation noted that the patient had developed anxiety related symptoms to include biting her lip while driving. Physical findings included tenderness along the wrist bilaterally, the carpometacarpal joint and carpal tunnel bilaterally. The patient's chronic pain symptoms were treated with medications to include Terocin patches, Acetadryl as a sleep aid, Ultracet. The patient's diagnoses included carpal tunnel syndrome, epicondylitis of the right upper extremity, joint inflammation of the right wrist, depression and sleep disturbances, brachial plexus irritation and weight gain. The patient's treatment plan included continuation of medications, cognitive behavioral therapy, and continuation of bracing and hot/cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-15 cognitive behavior therapies: 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 Behavioral Interventions Page(s): 23.

Decision rationale: The requested 12-15 cognitive behavioral therapy visits is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has anxiety related behaviors that would benefit from behavioral therapy interventions. However, California Medical Treatment Utilization Schedule recommends an initial trial of psychotherapy to include 3 to 4 visits with evidence of objective functional improvement to support continuation of treatment. The requested 12 to 15 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 to 15 cognitive behavioral therapy visits are not medically necessary or appropriate.

Acetadryl 25/500 #50 for sleep: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments

Decision rationale: The requested Acetadryl 25/500 mg #50 for sleep is not medically necessary or appropriate. Official Disability Guidelines do support the short-term use of antihistamines as a sleep aid. However, the clinical documentation submitted for review does support that the patient has been using this medication as a sleep aid since at least 2012. The extended use of this medication would not be supported. Additionally, an adequate evaluation of the patient's sleep hygiene was not provided to support the need for pharmacological intervention. As such, the requested acetaminophen 25/500 mg #50 for sleep is not medically necessary or appropriate.

Ultracet 37.5/325 #120: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Ultracet 37.5/325 #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review fails to document any functional benefit related to medication usage. Additionally, there is not a quantitative assessment of pain relief related to medication usage to support the efficacy of this medication. There is no documentation that the patient is monitored for aberrant behavior. As such, the requested Ultracet 37.5/325 mg #120 is not medically necessary or appropriate.

Terocin patch #20: 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.

Decision rationale: The requested Terocin patches are not medically necessary or appropriate. This medication is a compounded topical medication that contains methyl salicylate, capsaicin, menthol, and lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol for osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to a degenerative process. Additionally, the California Medical Treatment Utilization Schedule does not recommend the topical use of capsaicin unless there is documentation that the patient has failed to respond to first line treatments. The clinical documentation fails to document that the patient has not responded to first line medications to include anticonvulsants and antidepressants. Therefore, the use of capsaicin as a topical agent would not be supported. California Medical Treatment Utilization Schedule recommends that any topical medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested Terocin patches are not medically necessary or appropriate.