

Case Number:	CM13-0058710		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2004
Decision Date:	05/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 57 year old female who had a date of injury is 3/18/04. The injury is due to cumulative trauma and the accepted body parts are the neck, bilateral shoulders, right wrist, and lower back area. The current diagnoses are: discogenic cervical condition; mid-back sprain; low back sprain; right wrist sprain; element of sleep and stress; stomach irritation; impingement syndrome of the left shoulder. Treatment has included: Diagnostics; medications; shoulder injections; neck pillow; TENS; hot and cold wrap for the shoulder; neck collar. There are requests for the medical necessity of Terocin patches, LidoPro cream, hot and cold wrap for the right wrist, carpal tunnel brace with a frame on the top for the right wrist, flexion and extension radiographs of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 105, 111-112.

Decision rationale: Terocin patches are not medically necessary per the California MTUS guidelines. A Terocin patch contains: Menthol 4% and Lidocaine 4%. With regards to Lidoderm, the guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Per MTUS guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED). Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines state that any compounded product that contains at least one non-recommended drug (or drug class), is not recommended. Due to the fact that documentation submitted does not show evidence of a failure of oral first line therapy for peripheral pain such as antidepressants or anticonvulsants, and that the patient does not have post herpetic neuralgia, the requested Terocin patches are not medically necessary or appropriate.

LidoPro cream, 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 105, 111-113.

Decision rationale: LidoPro cream is not medically necessary per the California MTUS guidelines. The guidelines state that any compounded product that contains at least one non-recommended drug (or drug class), is not recommended. LidoPro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. Per the guidelines, 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. Furthermore, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no evidence that this patient has tried the above mentioned first line therapy medications. Therefore, LidoPro cream is not medically necessary or appropriate.

Hot and cold wrap for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The requested hot and cold wrap for the right wrist is not medically necessary per the guidelines. Both the California MTUS guidelines and the Official Disability Guidelines state that at-home local applications of cold packs are helpful for the first few days of acute complaints; thereafter, applications of heat packs are appropriate for pain. In this case, the

documentation indicates that the right wrist pain is chronic. Therefore, the request for a hot and cold wrap for the right wrist is not medically necessary.

Carpal tunnel brace with a frame on the top for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-264, 264. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The requested carpal tunnel brace with a frame on the top for the right wrist is not medically necessary per the guidelines. The ACOEM guidelines recommend the splinting of a wrist in neutral position at night and day as needed, as an option in conservative treatment. The guidelines also state that carpal tunnel syndrome does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. The Official Disability Guidelines recommend that the initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. Although splinting is recommended for carpal tunnel syndrome, in this case the documentation on the patient's history along with the physical and electrodiagnostic testing of the upper extremities does not support a diagnosis of carpal tunnel syndrome. Therefore, a carpal tunnel brace is not medically necessary or appropriate.

Flexion and extension radiographs of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Flexion and extension radiographs of the cervical spine are not medically necessary per the guidelines. The California MTUS criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation indicates that the patient has had a prior imaging study in the form of a cervical MRI. The documentation indicates that the patient has had chronic neck pain. The Official Disability Guidelines state that cervical x-rays are appropriate in the cervical spine if the patient has had cervical spine trauma, as a first study in chronic neck pain, or post surgery. The documentation indicates that this is a chronic condition and the patient is not status post recent cervical surgery. Therefore, the requested cervical flexion extension x-rays are not medically necessary.