

Case Number:	CM13-0072511		
Date Assigned:	01/08/2014	Date of Injury:	09/17/2008
Decision Date:	05/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] office assistant who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of September 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; a wrist de Quervain's release surgery; unspecified amounts of acupuncture over the life of the claim, a wrist brace; and extensive periods of time off of work. In a Utilization Review Report of December 9, 2013, the claims administrator approved request for Norco, approved request for Naprosyn, approved request for Protonix, and denied request for both work hardening/work conditioning and Methoderm gel, citing lack of supporting information. It was stated that the applicant was off of work, on total temporary disability. A progress note of December 12, 2013 is notable for comments that the applicant reports persistent elbow and wrist pain. The applicant is on Norco, Methoderm, Naprosyn, and Protonix. Tenderness about the thumb thenar eminence and elbow lateral epicondyle are appreciated. It is stated that the applicant is placed off of work, on total temporary disability, and is a good candidate for a functional restoration program. Methoderm and Naprosyn are prescribed. It is noted that the applicant was using Norco, Methoderm, Naprosyn, and Protonix as of an earlier visit of November 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: The Expert Reviewer's decision rationale: As noted on pages 125 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit for work hardening and/or work conditioning should generally be reserved for those individuals with functional limitations precluding ability to safely achieve current job demands, which should typically fall in the medium or higher physical demand level. In this case, however, the applicant has a sedentary physical demand level occupation as an office assistant; it appears, based on the limited information on file. There is no evidence that the applicant is a good candidate for a work hardening and/or work conditioning program at this late date, several years removed from the date of injury. It is further noted that the MTUS notes that applicants who are more than two years removed from the date of injury typically cannot benefit from these programs. In this case, it is not clearly stated that the applicant has a job to return to and/or intends to return to the workplace and/or workforce. There is no evidence that a precursor screening evaluation has been performed so as to determine the applicant's suitability for the program in question. Therefore, the request is not certified.

Menthoderm Gel 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Menthoderm is a salicylate topical. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topicals in the treatment of chronic pain; in this case, the request in question represents a renewal request. The applicant has been using Menthoderm for some time and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various oral medications, including Naprosyn and Norco, implying that ongoing usage of Menthoderm has been unsuccessful. Therefore, the request is not certified, on Independent Medical Review.