MAXIMUS Federal Services

Case Number:	CM14-0001501		
Date Assigned:	01/22/2014	Date of Injury:	10/03/2012
Decision Date:	07/31/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Family Practice, 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:

This is a 49 yr. old female claimant sustained a work related inury on 10/3/12 involving the neck and wrists. She has a diagnosis of multilevel disc herniation of the cervical spine with facet arthropathy and radiculopathy as well as right wrist deQuevain's tenosynovtis. X-rays of the right wrist in June 2013 showed degerative changes. An MRI in July 2013 of the right wrist showed a volar ganglion cyst. She has used Norco, Zanaflex and topical Terocin cream in the past. A progress note on 10/30/13 indicated she had 8/10 right wrist pain. Acupuncture and chiropractor therapy provided minimal relief. Exam findings were notable for a positive Phalen's and Tinel's sign on the right wrist and tenderness over the extensor tendons. The treating physician requested a functional capacity evaluation of the right wrist to determine lifting capacity for work restrictions. In addition, topical Menthoderm gel and Medical derm gel were prescribed for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As a result, the request for topical Methoderm gel is not medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, 2nd Edition 2009, Chapter 7, page 511.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE Page(s): 49.

Decision rationale: According to the MTUS guidelines, a functional capacity evaluation is recommended as a multidisciplinary approach to chronic musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Particularly a Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes.In this case, the FCE was ordered to determine work restrictions. The intention of an FCE is not solely for restrictions, which can be evaluated by an occupational therapist. The request does not meet the objective criteria of an FCE and is therefore not medically necessary.

Medical derm gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As a result, the request for topical Medical Derm gel is not medically necessary.