

Case Number:	CM14-0118781		
Date Assigned:	08/06/2014	Date of Injury:	07/22/2013
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

Medical records from 2013 to 2014 were reviewed. Patient complained of bilateral forearm pain and bilateral wrist pain with numbness and tingling sensation. Pain was rated 8-9/10 in severity, and relieved to 6/10 upon intake of medications. No side effects were noted. Physical examination showed limited range of motion of the elbow and wrist. Phalen's and Tinel's sign were positive bilaterally. MRI of bilateral wrist, dated 11/23/2013, showed subchondral cyst formation. MRI of bilateral elbow, dated 11/23/2013, was unremarkable. Treatment to date has included home exercise program, use of a wrist brace, TENS unit, and medications such as omeprazole, naproxen, Terocin patch, Methoderm gel, Theramine, Sentra, and GABAdone. Utilization review from 07/03/2014 denied the request for Urine Drug Screen (Retro- Date of Service 4/24/2014) because there was no evidence of ongoing opioid treatment; denied Xolindo 2% Cream because lidocaine in topical formulation was not recommended; denied Methoderm Gel #240 because there was no documentation that trials of antidepressants and anticonvulsants had failed; denied Terocin Pain Patch #20 because compounded products were not recommended; and denied Orthopedic Consultation for Bilateral Wrist and Hands because there was no evidence that diagnostic and therapeutic management had been exhausted within the treating physician's scope of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (Retro- Date of Service 4/24/2014): 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 2009, Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes omeprazole, naproxen, Terocin patch, Menthoderm gel, Theramine, Sentra, and GABAdone. There was no evidence of opioid therapy to warrant urine drug screen. Previous results from 01/03/2014 and 04/03/2014 showed negative medication levels. No aberrant drug behavior was likewise noted. There was no clear indication for this request. Therefore, the request for Urine Drug Screen (Retro- Date of Service 4/24/2014) was not medically necessary.

Xolindo 2% Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?seid=f2b463d7-3fcf-4b2c-8ba2-8e51c3290de2>.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, Xolindo cream was prescribed for temporary relief of pain, itching and minor skin irritation. However, guidelines do not recommend lidocaine in topical formulation. Therefore, the request for Xolindo 2% Cream is not medically necessary.

Menthoderm Gel #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, page 105; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Methoderm gel was prescribed to limit oral medication intake. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Methoderm Gel #240 is not medically necessary.

Terocin Pain Patch #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/por/terocin.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was on Lidoderm patch since September 2013 to limit oral medication intake. However, there was no documentation that the patient had initial trial of first-line therapy. Guideline criteria were not met. Therefore, the request for Terocin Pain Patch #20 is not medically necessary.

Orthopedic Consultation for Bilateral Wrist and Hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, a referral to orthopedic specialist was requested due to significant pain. However, the

medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a specialist. Imaging findings for bilateral elbow and wrist showed unremarkable results. There was no compelling rationale presented to necessitate this request. Moreover, there was no evidence that conservative management had been exhausted. Therefore, the request for Orthopedic Consultation for Bilateral Wrist and Hands is not medically necessary.