

Case Number:	CM14-0134689		
Date Assigned:	08/27/2014	Date of Injury:	07/28/2010
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

According to the records made available for review, this is a 56-year-old female with a 7/28/10 date of injury, and right endoscopic carpal tunnel release on 1/28/14. At the time (7/3/14) of request for authorization for Terocin patch 30, 1 refill (DOS 7/3/14), Lunesta tablet 1 mg, 1 tab at bedtime, #30, and OT x8 for right hand/wrist, there is documentation of subjective (right hand numbness and tingling) and objective (not specified) findings, current diagnoses (arthritis of the hand), and treatment to date (medications (including Percocet, Vicodin, Anaprox, and Prilosec) and previous physical therapy treatments). Medical report identifies that the patient has insomnia. Regarding OT of the hand/wrist, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30, 1 refill (DOS 7/3/14): 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): 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of arthritis of the hand. However, Terocin patch contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch #30, 1 refill (DOS 7/3/14) is not medically necessary.

Lunesta tablet 1 mg #30: Overturned

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

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

Decision rationale: MTUS does not address this issue. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of a diagnosis of arthritis of the hand. In addition, there is documentation of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Lunesta tablet 1 mg, 1 tab at bedtime, #30 is medically necessary.

Eight (8) sessions of occupational therapy for the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of arthritis of the hand. In addition, there is documentation of status post right endoscopic carpal tunnel release on 1/28/14. Furthermore, there is documentation of previous post-operative physical therapy sessions, and that given a

request of OT x8 for right hand/wrist, would exceed guidelines. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for eight (8) sessions of occupational therapy for the right hand/wrist is not medically necessary.