

Case Number:	CM14-0145125		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2012
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 59-year-old male who reported an injury on 04/20/2012. The medical records were reviewed. The mechanism of injury involved cumulative trauma. Previous conservative treatment includes physical therapy, injections, and medications. The current diagnoses include right hand carpal tunnel release on 05/06/2013, right elbow medial epicondylitis, right elbow lateral epicondylitis, right shoulder mild impingement, possible cervical spine disc herniation, and chronic pain. The injured worker was evaluated on 07/21/2014 with complaints of persistent pain in the bilateral upper extremities. Physical examination on that date revealed diminished grip strength, limited cervical range of motion, diminished strength in the bilateral upper extremities, decreased sensation in the C5-7 dermatomes, 2+ deep tendon reflexes, stiffness in the cervical spine, tenderness to palpation at the medial epicondyle, tenderness at the lateral epicondyle, diminished elbow range of motion, 2+ tingling at the cubital tunnel, painful wrist extension and flexion, positive Tinel's and Phalen's testing, and decreased sensation over the right hand with triggering of the right finger. Treatment recommendations at that time included a prescription for Vicoprofen, Relafen, and a Terocin cream. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen Unspecified Dosage and Quantity: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no dosage, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.

Terocin Cream Unspecified Dosage and Quantity: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no dosage, frequency, or quantity listed in the request. As such, the request is not medically appropriate.