

Case Number:	CM14-0150127		
Date Assigned:	09/18/2014	Date of Injury:	06/17/2014
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 36-year-old female with a reported injury on 06/17/2014. The mechanism of injury was when the injured worker's left hand became trapped between a box and a metal part. The injured worker's diagnoses included a left wrist and hand sprain/strain with second and third trigger fingers; sprain/strain tendonitis, rule out carpal tunnel syndrome; left wrist sprain/strain, rule out internal derangement; left thumb sprain/strain; and status post de Quervain's release, 2008, secondary to work related trauma with total recovery. The injured worker's previous treatments included medications, immobilization with left wrist brace, ice, and physical therapy. The injured worker's diagnostic testing included a left hand x-ray on 07/18/2014, which was unremarkable. The injured worker's surgical history included a de Quervain's release in 2008. The injured worker was evaluated on 08/29/2014 for complaints of left wrist pain aggravated with repetitive forceful gripping and grasping with numbness and tingling in the left upper extremity. The injured worker was using a brace for support. The clinician observed and reported a focused physical exam revealing the left wrist range of motion measured at 45 degrees of extension, 45 degrees of flexion, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. The Tinel's and Phalen's signs were positive on the left for carpal tunnel. The clinician also reported locking of the second and third digits of the left hand with flexion and extension. The clinician's treatment plan was to request authorization for ultrasound guided cortisone injections for the left hand trigger fingers 2nd and 3rd, an EMG and NCV study of the upper extremities, an MRI scan of the left wrist and hand, physical therapy 2 to 3 times per week for the next 6 weeks, a TENS unit for home use, and medications. The injured worker's medications included Norco 10/325 mg 1 every 4 to 6 hours for severe pain, Ultram 150 mg tablet 1 daily for moderate pain, Anaprox 550 mg twice daily for swelling and inflammation, Prilosec 20 mg once daily to protect gastric mucosa, and Fexmid 7.5 mg 1 tablet 3 times a day

for muscle spasms. The requests were for TENS (transcutaneous electrical nerve stimulation) unit, ultrasound guided injection left hand trigger fingers 2nd and 3rd, Terocin patches, and Omeprazole 20 mg. The rationale for the request was sprain wrist/hand and sprain hand/fingers. The Request For Authorization form was submitted on 08/29/2014 and 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-115.

Decision rationale: The request for a TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary. The Request For Authorization form indicates that this treatment plan is for a sprain of the wrist and hand or sprain of the hand and fingers. The California MTUS Chronic Pain Treatment Guidelines do not recommend TENS therapy as a primary treatment modality but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration for neuropathic pain, CRPS, phantom limb pain, spasticity, and multiple sclerosis. The provided documentation did not indicate any of the diagnoses for which the TENS unit is approved. Additionally, the request did not include a site or frequency of application. Therefore the request for a TENS unit is not medically necessary.

Ultrasound guided injection trigger finger 2en and 3rd left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The request for ultrasound guided injection left hand trigger fingers 2nd and 3rd is not medically necessary. The injured worker does have a diagnosis of trigger finger of the 2nd and 3rd digits of the left hand. The California MTUS ACOM Guidelines recommend an initial injection into the tendon sheath for clearly diagnosed cases of trigger finger. However, ultrasound guidance is not recommended. Additionally the request did not include the type of medication to be injected. Therefore the request for ultrasound guided injection left hand trigger fingers 2nd and 3rd is not medically necessary.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain(Chronic) (updated 03/27/2014)

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

Decision rationale: The request for Terocin patches is not medically necessary. The injured worker continued to complain of wrist pain. The California MTUS Chronic Pain Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically regarding lidocaine the guidelines recommend lidocaine for localized peripheral pain after there has been evidence of trial of first line therapy to include antidepressants and anticonvulsants. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Terocin patches are a combination of lidocaine and menthol. The guidelines go on to state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As menthol is not recommended by the guidelines, Terocin patches are not recommended. Additionally, the request did not include a site for application or a frequency of application. Therefore the request for Terocin patches is not medically necessary.

Omeprazole 20, mg: 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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain(Chronic) (updated 03/27/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg is not medically necessary. The provided documentation indicates that the Prilosec was prescribed to protect gastric mucosa. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients who are taking nonsteroidal anti-inflammatory drugs and the patient is at intermediate or high risk for gastrointestinal events. A high risk individual would include a patient who is greater than 65 years of age, has a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple nonsteroidal anti-inflammatory drugs. The provided documentation did not indicate that the injured worker had these risk factors. Additionally, the request did not include a frequency of dosing. Therefore, the request for Omeprazole 20 mg is not medically necessary.