

Case Number:	CM14-0025469		
Date Assigned:	06/13/2014	Date of Injury:	02/02/2010
Decision Date:	10/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old male with a date of injury on 2/2/2010. Diagnoses include right thumb sprain, stenosing tenosynovitis, carpal tunnel syndrome, and status post thumb release surgery. Subjective complaints are of pain at times on the job, with numbness. Physical exam showed tenderness along the carpometacarpal joint, and discomfort at the scaphotapezotrapezoidal joint. Prior treatment has included TENS, hot and cold wrap, brace, and home exercises. The patient has also completed 24 postoperative physical therapy visits as of 3/7/2013. Medications include Norco, Flexeril, Naproxen, Terocin, Acetadryl, Synovacin, Tramadol, Medrox, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT 3x4 and further needs determined by the therapist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist, Physical Therapy.

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. The ODG

indicates that 9 visits over 8 weeks are recommended for trigger finger post surgical treatment and for synovitis/tenosynovitis 14 visits over 12 weeks. This patient has already received 24 physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.

Terocin Patches #20: Overturned

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

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

Decision rationale: Terocin is a compounded medication that includes methyl Salicylate, menthol, lidocaine, and capsaicin. CA MTUS Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylate have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Terocin not being in compliance to current use guidelines the requested prescription is not medically necessary.

Norco #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that the medications provided moderate pain relief and allowed for improved function, did not cause side effects, and allowed the patient to continue working. Guidelines indicate that opioids use may continue if the patient has returned to work and has improvements in functioning and pain. Therefore, the request for Norco is consistent with guideline recommendations, and the medical necessity is established. The request is medically necessary.

Naproxen #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for pain from osteoarthritis. For this patient, moderate pain is present in the hand and wrist and degenerative arthritic changes. Therefore, the requested Naproxen is medically necessary.

Plastozote splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist, Splints.

Decision rationale: The ODG indicates that braces/splints can be recommended for use for trigger finger, extensor tenosynovitis, and arthritis of the CMC. It suggests that a wrist splint prescription is not a simple process; clinicians and clients need to work together to determine the daily wear pattern that maximizes benefit and minimizes inconvenience according to the client's individual needs. Static splinting is also recommended after tendon repairs or procedures. Therefore, the medical necessity of a Plastozote splint is established. The request is medically necessary.