

<b>Case Number:</b>	CM14-0033514		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Orthopedic Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 05/15/2012. The diagnosis included de Quervain's on the right. Prior treatments included activity modification, medications, physical therapy, a TENS Unit, thumb brace, and a hot and cold wrap, as well as an injection into the first extensor sensory branch of the radial nerve. The documentation indicated the injured worker medications history as of 11/2013 included Norco 10/325, Motrin 600 mg, and Neurontin 600 mg, as well as Terocin patches. The injured worker underwent a tenosynovectomy and release along the first extensor compartment on 11/01/2012. The injured worker underwent an EMG/NCV which was within normal limits and there was no evidence of radiculopathy, entrapment neuropathy, plexopathy, or peripheral neuropathy. The documentation of 02/04/2014 revealed the injured worker had complaints constant pain with numbness and burning along the scar from the prior surgery and some decreased motion of the thumb. It was noted a first extensor injection along the sensory branch of the radial nerve gave the injured worker some relief and improvement in motion. The diagnoses included tenosynovitis along the first compartment on the right status post release and neuritis along the sensory branch of the radial nerve. Additionally, the treatment plan included Lidopro cream, Norco #120, Motrin 600 mg, and Terocin patches #30, as well as Neurontin 600 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Explore right wrist neurolysis, release adhesion extensor tendon:** Overturned

**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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Tendon Repairs.

**Decision rationale:** The ACOEM guidelines indicate a surgical consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term. Additionally, the majority of injured workers with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. The clinical documentation submitted for review indicated the injured worker had an adhesion along the first extensor compartment, with associated tenderness. The injured worker received an injection along the sensory branch of the radial nerve gave some relief and improved motion. The EMG/NCV would be normal for this condition. The right wrist neurolysis would be supported. The injured worker had recurrent DeQuervain's. California MTUS/ACOEM does not specifically address tendon repair. The Official Disability Guidelines indicate that a tendon repair is appropriate for flexors and extensor tendon ruptures. The injured worker received an injection which provided relief. While the injured worker did not have special study evidence of a lesion, this type of adhesion is a complication of recurrent DeQuervain's. The conservative care was documented and adequate and the injured worker had improvement with the injection. As such, this request in its entirety is supported. Given the above, the request for explore right wrist neurolysis, release adhesion extensor tendon is medically necessary.

**LidoPro cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic

containing capsaicin/lidocaine/menthol/methyl salicylate. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressants and anticonvulsants as it was noted the injured worker was utilizing Neurontin. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency and quantity of the requested medication. Given the above, the request for lidopro cream is not medically necessary.

**Norco (#120): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 2 months. There was a lack of documentation indicating the injured worker had objective functional improvement and an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and strength for the requested medication. Given the above, the request for Norco #120 is not medically necessary.

**Motrin 600mg (#90): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 2 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency. Given the above, the request for Motrin 600 mg #90 is not medically necessary.

**Terocin patches (#30): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Lidocaine Page(s): 105; 111; 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants as it was noted the injured worker was utilizing Neurontin. Additionally, the request as submitted failed to indicate the frequency and strength of the Terocin patches. Given the above, the request for Terocin patches #30 is not medically necessary.

**Neurontin 600mg (#90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 11/2013. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg #90 is not medically necessary.