

Case Number:	CM14-0038879		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2012
Decision Date:	10/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Internal 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:

The injured worker is a 55 year old female who has a reported date of injury of 04/20/12. This is a repetitive motion injury to her bilateral hands and wrists. The most recent medical record submitted for review is dated 05/23/14. The injured worker continues to complain of numbness in the bilateral upper extremities. The pain is rated as 10/10. Grip strength bilaterally is 60, grasp strength is 60, push is 20 and pull is 30 pounds. She describes moderate intermittent numbness. Bilateral elbows are tender at the medial epicondyle and lateral epicondyle. No laxity. Positive Tinel's bilaterally. Bilateral wrists are tender with flexion and extension. Decreased sensation over the median aspect bilaterally. Tinel's and Phalen's are positive bilaterally. Diagnoses are shoulder impingement, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome. EMG dated 11/21/13 revealed entrapment neuropathy of the median nerve at the right wrist with moderate to severe slowing of nerve conduction velocity, entrapment neuropathy of the median nerve at the left wrist with mild to moderate slowing of nerve conduction velocity, entrapment neuropathy of the ulnar nerve across the left elbow with moderate slowing of nerve conduction velocity, entrapment neuropathy of the ulnar nerve across the right elbow with mild slowing of nerve conduction velocity. Moderate entrapment neuropathy of the ulnar nerve at the left wrist mainly affecting sensory fibers Guyon canal syndrome. No electrophysiological evidence of entrapment neuropathy on the bilateral radial nerve. No electrophysiological evidence to support motor radiculopathy in the upper extremities. No electrophysiological evidence to support distal or peripheral neuropathy in the upper extremities. Request is for consultation with a surgeon in consideration for bilateral carpal tunnel release, the provider will be chosen by [REDACTED] if approved and medication topical dendracin lotion 120 mls. There is no documentation submitted that shows that the injured

worker has failed conservative treatment, physical therapy, night splinting or injection procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Surgeon in consideration for Bilateral Carpal Tunnel Release, the provider will be chosen by [REDACTED]. if approved: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations: p. 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s)127

Decision rationale: There is no documentation submitted that shows that the injured worker has failed conservative treatment, physical therapy, night splinting or injection procedures. Per ACOEM guidelines, the clinical documentation submitted does not support the request. Therefore, medical necessity has not been established.

Medication-Topical Dendracin Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, July 18, 2009 Page(s):.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.