MAXIMUS Federal Services

Case Number:	CM14-0039967		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2010
Decision Date:	10/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain 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 56 year old female who reported injury on 05/10/2010 due to repetitive work cutting and cleaning roses. Her diagnoses included repetitive strain injury of the upper extremity and cervical myofascial pain. Her past treatments included physical therapy, medications and surgery. Her diagnostic test included a nerve study on 05/25/2010, an MRI of the neck with no date provided and multiple x-rays of the wrist, elbow, shoulder and cervical spine on 06/29/10. The injured worker is status post right carpal tunnel release on 10/07/2010. There was no current documentation provided at this time for subjective and objective findings. An orthopedic report was provided from 02/16/2012 that included the injured worker's detailed history with no current information noted. Her medications included Tramadol, Ketoprofen, Neurontin, Vitamins, Terocin patch and Temazepam. The treatment plan was to continue her medication program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th edition (web) 2011

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

Decision rationale: The request for Terocin patch #30 is not medically necessary. The injured worker has a history of repetitive strain injury of the upper extremity and cervical myofascial pain. The California MTUS guidelines state topical analgesics, such as Terocin, are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches consist of Lidocaine and Menthol. The guidelines specify that topical Lidocaine in only recommended in the formulation of the brand name Lidoderm patch, and other formulation of Lidocaine are not currently recommended. Adequate documentation was not provided with the injured worker's subjective and objective clinical findings. Additionally, the guidelines do not support use of Lidocaine other than that included in the Lidoderm patch. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request is not supported. As such, the request for Terocin patch #30 is not medically necessary.

Ultram ER 150 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Ultram ER 150mg #120 is not medically necessary. The injured worker has a history of repetitive strain injury of the upper extremity and cervical myofascial pain. The California MTUS guidelines state opioids such as Ultram should have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Adequate documentation was not provided with the injured worker's subjective and objective clinical findings, as well a detailed pain assessment, functional status, side effects, and aberrant drug behaviors. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request is not supported. As such, the request for Ultram ER 150mg #120 is not medically necessary.

Wrist Cock-up Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for wrist cock-up brace is not medically necessary. The injured worker has a history of repetitive strain injury of the upper extremity and cervical myofascial pain. The California MTUS/ACOEM guidelines state wrist braces are recommended for DeQuervain's tendinitis and carpal tunnel, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs. However, adequate documentation was not provided with subjective and objective clinical findings to suggest DeQuervain's tendinitis or carpal tunnel to warrant the use of a wrist cock-up brace. Therefore, the request is not supported. As such, the request for wrist cock-up brace is not medically necessary.