

Case Number:	CM14-0040051		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2007
Decision Date:	07/28/2014	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 Management, 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:

This is a patient with the date of injury of June 28, 2007. A progress report dated May 27, 2013 identifies subjective complaints of hand pain with wrist flexion and extension as well as pain with pushing and pulling. She is weakness of her grip on the left and pain rated as 9/10 without medication and 5/10 with medication. She was previously seen by a hand orthopedist and a plastic surgeon. The patient was subsequently referred to a [REDACTED] orthopedic hand surgeon in 2012. She has undergone an MRI arthrogram in June 2009, an MRI of the left wrist in June 2010, and a second MRI of the left wrist in September 2011. The MRIs identified ligament tears, tendinosis, a ganglion cyst, and a TFCC tear. Physical examination reveals tenderness over the dorsal wrist with reduced strength in the wrist. The diagnoses include left wrist ganglion cyst, wrist pain, second-degree wrist burn, third-degree wrist burn, history of skin graft, depression, and anxiety. The treatment plan identifies that multiple MRIs of the wrist have now shown a dorsal ganglia. Additional treatment recommendations include etodolac, Norco, and Terocin. A progress report dated March 12, 2014 indicates that the patient uses ibuprofen and finds it helpful and well tolerated. The medication allows her to take care of her family and do things around the house.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuoprofen for chonic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has attended by the Motrin improves the patient's pain and function. There is documentation of some side effects which are managed with a proton pump inhibitor medication. The previous reviewer mistakenly identified that 400 mg of ibuprofen is the maximum dose. Guidelines state that for mild pain, doses above 400 mg have not showed improved relief. This patient's pain scores clearly put her beyond the mild pain category. As such, the request is medically necessary.

MR arthrogram of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Guidelines go on to state that arthrography has the highest complication risk of any imaging modality, and that its ability to define pathology is low compared with other imaging modalities. Within the documentation available for review, it is clear the patient has had three advanced imaging studies of the wrist, all of which identified pathology. The requesting physician is asking for additional imaging to help clarify the patient's anatomy prior to surgery. At the same time, a request for surgical consultation has been requested and authorized. It seems reasonable to await the outcome of the surgical consultation, prior to requesting clarifying imaging studies. As such, the request is not medically necessary.

MRI of left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist, and hand (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Guidelines go on to

state that arthrography has the highest complication risk of any imaging modality, and that its ability to define pathology is low compared with other imaging modalities. Within the documentation available for review, it is clear the patient has had three advanced imaging studies of the wrist, all of which identified pathology. The requesting physician is asking for additional imaging to help clarify the patient's anatomy prior to surgery. At the same time, a request for surgical consultation has been requested and authorized. It seems reasonable to await the outcome of the surgical consultation, prior to requesting clarifying imaging studies. As such, the request is not medically necessary.

Lido-Capsaicin-Men Methyl (Terocin) 120 ml #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals, topical Lidocaine, topical Capsaicin, topical Salicylate, and menthol sections.

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

Decision rationale: Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment osteoarthritis, but either not afterwards or with a diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. As such, the request is not medically necessary.