

Case Number:	CM14-0073395		
Date Assigned:	07/16/2014	Date of Injury:	01/23/2014
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old individual was injured on January 23, 2014. The mechanism of injury was not listed in these records reviewed; however, repetition of an injury is indicated. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of hand pain. The physical examination demonstrated tenderness to palpation and a reduced range of motion. Diagnostic imaging studies were not presented. Previous treatment included medications and physical therapy. A request had been made for multiple medications and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy Sessions x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: As noted in the guidelines, there is support for physical therapy. However, there has to be objectification of increased functionality after a short trial of interventions. There is insufficient data outlining the efficacy, utility, and increased functionality. There is also

insufficient medical evidence presented to support this request. This is not noted to be medically necessary.

Hand Therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: As noted in the guidelines, there is support for physical therapy. However, there has to be objectification of increased functionality after a short trial of interventions. There is insufficient data outlining the efficacy, utility, and increased functionality. There is also insufficient medical evidence presented to support this request. This is not noted to be medically necessary.

Relafen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: As reported in the MTUS guidelines, this medication is recommended for the treatment of osteoarthritis. However, this is a repetitive overuse syndrome and there is no osteoarthritis identified. Furthermore, the progress notes reviewed did not demonstrate any efficacy or utility with the utilization of this medication. Thus, with any functional improvement with physical therapy, a decrease in symptomatology with medication, the medical necessity for the continued use of this non-steroidal has not been established.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: As identified in the MTUS, this medication is useful for the treatment of gastroesophageal reflux disease. It can be used as a gastric protectant; however, there are no noted complaints of gastritis, or irritation secondary to medications, or any other parameter, which would require the use of this medication. Therefore, based on a lack of subjective

symptomatology, objectively, there is no data presented to support the use and the parameters noted in the MTUS. This is not medically necessary.

Terocin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: Terocin is a topical analgesic containing lidocaine and menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended." As such, this request is considered not medically necessary as there is no documentation of a neuropathic pain generator.