

Case Number:	CM14-0084611		
Date Assigned:	07/21/2014	Date of Injury:	05/02/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 54-year-old female with a reported date of injury on 05/02/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include bilateral carpal tunnel syndrome, status post carpal tunnel release with persistent symptomatology, right greater than left, joint inflammation with carpometacarpal joint inflammation, more on the left, with tenderness along the palmar radial joint, palmar ulnocarpal joint, and scapholunate bilaterally as well as ganglion cyst present on the right wrist, medial epicondylitis bilaterally, more so on the right. Her previous treatments were noted to include hot and cold modalities and surgery. The progress note dated 05/30/2014 revealed the injured worker complained of constant right wrist pain ranging from 4/10 to 10/10 the pain increased with work and movement and the injured worker complained of intense cramping in the right wrist as well as daily numbness and tingling in the digits of the right hand. The physical examination revealed range of motion to the right wrist was satisfactory with no swelling. The request for authorization form was not submitted within the medical records. The request is for physical therapy/hand therapy, quantity 12 to increase strength leading to better functionality, thumb spica splint bilaterally to provide support for work, LidoPro lotion 4 oz and Terocin patches quantity 20 for topical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/hand therapy quantity 12.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pages 98-99 Page(s): 98-99.

Decision rationale: The injured worker complains of right wrist pain with numbness and tingling. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient specific hand therapy is very important in reducing swelling, decreasing pain, and improvement range of motion in complex regional pain syndrome. There is a lack of documentation regarding previous physical therapy sessions and the number completed. There is also a lack of documentation with current measurable objective functional deficits in regards to range of motion and motor strength and quantifiable objective functional improvements with previous physical therapy visits. Additionally, the request for 12 sessions exceeds guideline recommendations of 9 to 10 visits over 8 weeks. Therefore, the request is not medically necessary.

Thumb spica splint bilaterally.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, splinting.

Decision rationale: The injured worker has had previous carpal tunnel release surgeries. The CA MTUS/ACOEM Guidelines state for De Quervain's tendonitis, if not severe, may be treated with a wrist and thumb splint and acetaminophen, but NSAIDs, if tolerated, for 4 weeks before a corticosteroid injection is considered. Carpal tunnel syndrome may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome. When treating with a splint and carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending on activity. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. The guidelines suggest a neutral splint for carpal tunnel syndrome and the request is for a thumb spica splint. There is a lack of clinical findings to warrant a splint for the left wrist. Therefore, the request is not medically necessary.

LidoPro lotion 4 ounces.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: LidoPro consists of Capsaicin 0.0325%, Lidocaine 4.5%, and menthol 10%. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend Lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Guidelines do not recommend topical Lidocaine for nonneuropathic pain. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The Capsaicin is generally available as 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primary studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and Lidocaine is not recommended in any formulation other than the Lidoderm patch and Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments as well as only a 0.025% formulation. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Terocin patches quantity 20.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: Terocin patches consist of Lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not

recommended. The guidelines recommend topical Lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is a lack of documentation regarding evidence of a trial of a first line therapy with tricyclic, SNRI antidepressants, or AEDs. Additionally, the guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and Lidocaine is only recommended in the form of the Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.