

Case Number:	CM15-0133125		
Date Assigned:	07/21/2015	Date of Injury:	08/30/2013
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on August 30, 2013. She reported pain in her wrist after 8 hours of transferring laundry. The injured worker was diagnosed as having right wrist pain, right wrist sprain/strain, right extensor carpi ulnaris tendinitis, mild ulnar neuritis, right wrist TFC tear with 3mm positive ulnar variance, moderate to severe right pisotriquetral arthritis of the right wrist, and status post right wrist pisiformectomy on January 22, 2015. Treatments and evaluations to date have included x-rays, right lower extremity surgery January 22, 2015, physical therapy, and steroid injection to the right thumb, hand therapy, TENS, paraffin baths, acupuncture, and medication. Currently, the injured worker complains of right wrist pain, constant and stinging in the ulnar side of the right wrist with weakness of grip and numbness of the left 5th finger. The Primary Treating Physician's report dated July 1, 2015, noted the injured worker reported her pain level at an 8/10. The injured worker was noted to undergo a pisiformectomy and right wrist arthroscopy with findings consistent of triangular fibrocartilage (TFC) tear, ulnar abutment with 3mm positive ulnar variance, a mild ulnar neuritis, and a right extensor carpi ulnaris (ECU) tendinitis. The injured worker was noted to develop a right trigger thumb immediately post-op because of the swelling. The injured worker developed a vicryl suture abscess in the right wrist. The injured worker noted she was worse after surgery, with continued pain and weakness. The injured worker was noted to work 40 hours a week on modified duty. The injured worker's medications were listed as Nabumetone, Cyclobenzaprine, Menthoderm topical, Calcium, and multivitamins. The physical examination was noted to show limitation with pain, stiffness, and ulnar and radial

deviation of the right wrist. The right wrist was noted to have pain over the surgical scar, with tenderness over the CMPJ, metacarpophalangeal joint (MCPJ), and proximal interphalangeal joint (PIPJ) of the thumb and the ECU tendon, with some triggering of the thumb in extension. The treatment plan was noted to include continued home exercise program (HEP), TENS, right wrist splint, and continued medications with Cyclobenzaprine, Naproxen, and LidoPro dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates, Topical analgesics Page(s): 105, 111-113.

Decision rationale: Lidopro 4% is a topical analgesic ointment consisting of capsaicin, lidocaine, menthol and methyl salicylate. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. In regards to the lidocaine, this worker does have neuritis but there is no evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Furthermore, the only formulation of lidocaine that is indicated for neuropathic pain is the patch. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, since lidocaine cannot be recommended, the compound as a whole cannot be considered medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Cyclobenzaprine is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has already been on this medication for several weeks. The continued use is not appropriate.