

Case Number:	CM15-0186448		
Date Assigned:	10/21/2015	Date of Injury:	10/24/2009
Decision Date:	12/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 32 year old female, who sustained an industrial injury on 10-24-09. The injured worker is diagnosed with bilateral carpal tunnel syndrome and right metacarpophalangeal sprain. A note dated 8-18-15 reveals the injured worker presented with complaints of moderate right hand-wrist pain rated at 6 out of 10. She reports a popping and swelling in her wrist associated with numbness. She reports decreased grip and sharp pain with wrist rotation. A physical examination dated 8-18-15 revealed nonspecific right wrist tenderness to palpation, range of motion is within normal limits, muscle tendon units function independently, strength, sensation and reflexes are within normal limits. Treatment to date has included wrist brace and per note dated 8-18-15 Lyrica is not helpful and topical Diclofenac-Gabapentin-Lidocaine (8-2015) helps a little; surgical intervention-right thumb ulnar collateral ligament reconstruction and right carpal tunnel release helped some; physical therapy modalities are helpful and heat therapy helps some. Diagnostic studies include electrodiagnostic studies were normal per note dated 3-3-15. A request for authorization dated 8-27-15 for transcutaneous electrical nerve stimulation unit for the right wrist and topical Diclofenac-Gabapentin-Lidocaine is non-certified, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Transcutaneous electrical nerve stimulation (TENS) unit for the right wrist, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has moderate right hand-wrist pain rated at 6 out of 10. She reports a popping and swelling in her wrist associated with numbness. She reports decreased grip and sharp pain with wrist rotation. A physical examination dated 8-18-15 revealed nonspecific right wrist tenderness to palpation, range of motion is within normal limits, muscle tendon units function independently, strength, sensation and reflexes are within normal limits. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Transcutaneous electrical nerve stimulation (TENS) unit for the right wrist is not medically necessary.

Topical Diclofenac/Gabapentin/Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Topical Diclofenac/Gabapentin/Lidocaine, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has moderate right hand-wrist pain rated at 6 out of 10. She reports a popping and swelling in her wrist associated with numbness. She reports decreased grip and sharp pain with wrist rotation. A physical examination dated 8-18-15 revealed nonspecific right wrist tenderness to palpation, range of motion is within normal limits, muscle tendon units function independently, strength, sensation and reflexes are within normal limits. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met Topical Diclofenac/Gabapentin/Lidocaine is not medically necessary.

