

Case Number:	CM15-0203435		
Date Assigned:	10/20/2015	Date of Injury:	03/19/2015
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female, who sustained an industrial injury on 3-19-2015. The medical records indicate that the injured worker is undergoing treatment for carpal tunnel syndrome and long-term use of medications. According to the progress report dated 9-21-2015, the injured worker presented with complaints of constant bilateral hand pain. She notes her left hand pain with radiation into left shoulder, associated with constant numbness in the 2nd and 3rd digits. Her right hand, she notes numbness on the 1st and 2nd digits. She describes her pain as aching, stabbing, pins and needles, and burning. On a subjective pain scale, she rates her pain 9-10 out of 10. The physical examination of the bilateral wrists reveals tenderness to palpation over the radial, ulnar, and palmer wrist. Phalen's test is positive bilaterally. Examination of the bilateral hands reveals Jamar grip test on the left as 1, 38, and 22 and on the right as 1, 38, and 30. There is dysesthesia present over the thumb, index, and middle finger on both sides. The current medications are Cyclobenzaprine, Nabumetone, naproxen, and prednisone. Previous diagnostic studies include electrodiagnostic testing (5-19-2015) of the right upper extremity, which was negative for carpal tunnel syndrome. Treatments to date include medication management, physical therapy, acupuncture, and cortisone injections. Work status is described as temporary disability benefits. The original utilization review (10-2-2015) had non-certified a request for Terocin patch 4% #30 and MRI of the bilateral wrists-hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral hands without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging) (2) Carpal Tunnel Syndrome (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in March 2014 while working as a janitor when she was pulling garbage carts and injured her left hand. Due to left hand pain and subsequent repetitive right hand use, she had the development of right hand symptoms. Electrodiagnostic testing of the right upper extremity in May 2015 was negative for carpal tunnel syndrome. She was seen by the requesting provider for an initial evaluation in September 2015. She was having constant bilateral hand pain with aching, stabbing, pins and needles, and burning. Physical examination findings included a body mass index over 34. There was bilateral wrist tenderness with positive Phalen's testing. There was positive Tinel's testing at the left medial epicondyle. The report references classic signs and symptoms carpal tunnel syndrome with one negative EMG. Flector was dispensed. Authorization for Terocin patches and for bilateral MRI scans of the wrists and hands was requested. Applicable criteria for obtaining an MRI of the wrist or hand include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbock's disease with normal plain film x-rays. Magnetic resonance imaging has also been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Plain film imaging of the wrist would be expected prior to obtaining an MRI scan. In this case, none of these criteria is met and plain x-ray results are not described. An MRI of the wrist for carpal tunnel syndrome is not recommended in the absence of ambiguous electrodiagnostic studies and in this case the electrodiagnostic testing on the right was negative and no testing is reported on the left. For either of these reasons, the requested MRI is not considered medically necessary.

MRI bilateral wrists without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging) (2) Carpal Tunnel Syndrome (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in March 2014 while working as a janitor when she was pulling garbage carts and injured her left hand. Due to left hand pain and subsequent repetitive right hand use, she had the development of right hand symptoms. Electrodiagnostic testing of the right upper extremity in May 2015 was negative for carpal tunnel syndrome. She was seen by the requesting provider for an initial evaluation in September 2015. She was having constant bilateral hand pain with aching, stabbing, pins and needles, and burning. Physical examination findings included a body mass index over 34. There was bilateral wrist tenderness with positive Phalen's testing. There was positive Tinel's testing at the left medial epicondyle. The report references classic signs and symptoms carpal tunnel syndrome with one negative EMG. Flector was dispensed. Authorization for Terocin patches and for bilateral MRI scans of the wrists and hands was requested. Applicable criteria for obtaining an MRI of the wrist or hand include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbock's disease with normal plain film x-rays. Magnetic resonance imaging has also been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Plain film imaging of the wrist would be expected prior to obtaining an MRI scan. In this case, none of these criteria is met and plain x-ray results are not described. An MRI of the wrist for carpal tunnel syndrome is not recommended in the absence of ambiguous electrodiagnostic studies and in this case the electrodiagnostic testing on the right was negative and no testing is reported on the left. For either of these reasons, the requested MRI is not considered medically necessary.

Terocin patch 4%, apply one patch to affected area; 12 hours on, 12 hours off #30, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

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

Decision rationale: The claimant sustained a work injury in March 2014 while working as a janitor when she was pulling garbage carts and injured her left hand. Due to left hand pain and subsequent repetitive right hand use, she had the development of right hand symptoms. Electrodiagnostic testing of the right upper extremity in May 2015 was negative for carpal tunnel syndrome. She was seen by the requesting provider for an initial evaluation in September 2015. She was having constant bilateral hand pain with aching, stabbing, pins and needles, and

burning. Physical examination findings included a body mass index over 34. There was bilateral wrist tenderness with positive Phalen's testing. There was positive Tinel's testing at the left medial epicondyle. The report references classic signs and symptoms carpal tunnel syndrome with one negative EMG. Flector was dispensed. Authorization for Terocin patches and for bilateral MRI scans of the wrists and hands was requested. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.