

Case Number:	CM15-0035050		
Date Assigned:	03/03/2015	Date of Injury:	08/14/2012
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 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:

This 34-year-old female reported a work-related injury on 08/14/2012. According to the physical medicine and rehabilitation new patient evaluation dated 1/20/15, the injured worker (IW) reports constant left wrist pain. The IW was diagnosed with deQuervain's tenosynovitis. Previous treatments include medications, physical therapy, injections and surgery. The treating provider requests occupational therapy twice weekly for four weeks for the bilateral wrists and Terocin patches 4%, #30. The Utilization Review on 01/28/2015 non-certified the request for Terocin patches 4%, #30; the request for occupational therapy twice weekly for four weeks for the bilateral wrists was modified to allow twice weekly sessions for two weeks. References cited include CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines-Treatment Index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 x 4- Bilateral Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation IDG- Hand chapter- physical therapy and pg 28.

Decision rationale: According to the guidelines, therapy is recommended for 9 visits for wrist and hand pain and up to 14 visits post-operatively within 8 weeks of surgery. In this case, the claimant had surgery in 2013 and received an unknown amount of therapy. There is no indication that additional exercises cannot be performed at home. The request for additional therapy is not medically necessary 3 yrs after the injury and 2 yrs. after the surgery.

Terocin patches 4%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th edition (web) , 2011, Chronic Pain-Salicyte topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.