MAXIMUS Federal Services

Case Number:	CM14-0118841		
Date Assigned:	08/06/2014	Date of Injury:	06/23/2011
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Nevada. 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 records, presented for review, indicate that this 38-year-old female was reportedly injured on July 23, 2011. The mechanism of injury was noted as a sharp pain experienced in the wrists radiating to the upper arm that began while lifting a heavy bag of trash on the noted date of injury, while the claimant was employed as a custodian. A recent progress note (PR2), dated July 9, 2014, indicated that there were ongoing complaints of moderate to severe, bilateral wrists pains and paresthesias. A notation was made in this report that there were no problems with medications. The physical examination demonstrated well healed incisions at the bilateral wrists with tenderness at the anterior and posterior wrists, as well as decreased range of motion. Positive Tinel's, Phalen's, and Finkelstein's tests were reported. Decreased sensation and decreased. myotomes in the bilateral upper extremities were also reported. There was a notation in the medical record that medications were "bothering her stomach." However, there was no notation in this progress note or the preceding progress note of the medication that the claimant was on. Diagnostic studies have included mental status evaluations, including a McGill pain questionnaire, a pain drawing, the Beck depression inventory-2, the Beck anxiety inventory, the effort forth sleepiness scale, pain catastrophizing scale, and the Tampa scale for kinesiophobia and a diagnostic impressions of severe anxiety, depression, and moderate to severe pain with weekly panic attacks. Additionally, the medical record indicated that the claimant has received MRIs and x-rays, though these findings were not disclosed. EMG/NCV studies of the bilateral upper extremities were referenced, with a notation that these studies revealed the diagnosis of carpal tunnel syndrome. Previous treatment included pharmacotherapy, physical therapy, splinting of the bilateral wrists, acupuncture, and bilateral carpal tunnel release procedures. A request had been made for Terocin patches and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1, Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Terocin is a topical analgesic containing lidocaine and menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, the medical record does not provide sufficient documentation indicating that the claimant has failed first-line trials of antiepileptic and/or antidepressant medications. For both of these reasons, this request is considered not medically necessary.