

Case Number:	CM14-0122399		
Date Assigned:	09/16/2014	Date of Injury:	08/20/2012
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported an injury on 08/20/2012. The mechanism of injury was not provided. The diagnostic studies and other therapies were not provided. The injured worker underwent a right carpal tunnel release with ulnar nerve decompression at the wrist. The documentation of 07/08/2014 revealed the injured worker was pending Electrodiagnostic studies. The injured worker had complaints of pain and numbness in the hand. The physical examination revealed there was slight volar and dorsal forearm tenderness on the right. There was slight radial tunnel tenderness on the right. The Tinel's sign was positive at the carpal tunnel bilaterally. The Phalen's test was positive on the right. Grip strength was diminished. The diagnoses included left carpal tunnel syndrome, bilateral radial tunnel syndrome, bilateral forearm tendonitis and trapezial impaired cervical strain, as well as status post right carpal tunnel release with ulnar nerve decompression at the wrist. The treatment plan included a home electrical stimulation for chronic pain and inflammation and nonsteroidal anti-inflammatory medications for chronic pain and inflammation. The injured worker was noted to be requiring a stomach protective medication, given the history of GERD. The medications were noted to include Voltaren 100 mg by mouth with food, Prilosec 20 mg twice a day #60, tramadol ER 150 mg every 12 hours for severe pain and Mentherm gel topically twice a day. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

home electrical stimulation unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, TENS (transcutaneous electrical neurostimulation)

Decision rationale: The California MTUS Guidelines recommend TENS unit as an adjunct to other therapy. However, they do not specifically address the TENS unit for the forearm, wrist, and hand. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a TENS unit is not recommended for the wrist, hand, or forearm. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for home electrical stimulation unit and supplies is not medically necessary.

Menthoderm Gel 120gm: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation the injured worker had utilized and failed antidepressants and anticonvulsants. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request for Mentoderm Gel 120gm is not medically necessary.