

Case Number:	CM14-0148944		
Date Assigned:	09/18/2014	Date of Injury:	08/22/2013
Decision Date:	11/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California 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 patient is a 58 years old male with an injury date on 08/22/2013. Based on the 06/24/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left wrist joint effusion per MRI dated 01/22/20142. Left wrist TFCC tear per MRI dated 01/22/20143. Right wrist chondromalacia per MRI dated 01/22/20144. Right wrist osteoarthritis per MRI dated 01/22/20145. Left wrist radial styloid tenosynovitis6. Status post left crushing injury of fingers7. Arthritis of the MTP joint8. Left foot bursitis, per MRI dated 01/22/20149. Left foot joint effusion, per MRI dated 01/22/2014According to this report, the patient complains of weakness, numbness, and tingling of the hand and fingers. Pain is rated as a 7/10 for the right wrist and as a 7-8/10 for the left wrist. Gripping, grasping, reaching, pulling, and lifting would aggravate the wrists pain. The patient also complains of sharp and stabbing left foot great toe pain. Medication do offer the patient "temporary relief of pain and improve his ability to have restful sleep. "Physical exam reveals tenderness at the left carpal tunnel, first dorsal extensor muscle compartment, the interphalangeal joints, the triangular fibrocartilage complex, head of the great toes, and foot. Tinel's and Phalen's test are positive on the right. Finkelstein's test and Mulder's sign positive on the left. There were no other significant findings noted on this report. The utilization review denied the request on 08/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) - Antispasmodics - Cyclobenzaprine Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63, 64.

Decision rationale: According to the 06/24/2014 report by [REDACTED] this patient presents with bilateral wrist pain, left foot pain, and great toe pain. The provider is requesting Cyclobenzaprine. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the provider is requesting Cyclobenzaprine and this medication were first noted in the 04/16/2014 report. Cyclobenzaprine is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, recommendation is for denial.

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidocaine Page(s): 112-113 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: According to the 06/24/2014 report by [REDACTED] this patient presents with weakness, numbness, and tingling of the hand/fingers, sharp left foot pain, and great toe pain. The provider is requesting Terocin Patches. Terocin patches are a dermal patch with 4% Lidocaine, and 4% menthol. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has upper extremities neuropathic pain but this is not a localized condition. Furthermore, the provider does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.

Menthol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines Official Disability Guidelines (ODG), Low Back chapter on Biofreeze.

Decision rationale: According to the 06/24/2014 report by [REDACTED] this patient presents with weakness, numbness, and tingling of the hand/fingers, sharp left foot pain, and great toe pain. The treater is requesting Menthol. Menthol cream was first mentioned in this report. Regarding topical analgesics, MTUS does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition. Recommendation is for denial.