MAXIMUS Federal Services

Case Number:	CM14-0168588		
Date Assigned:	10/16/2014	Date of Injury:	07/13/2014
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 & 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 47-year-old female with a date of injury of 07/13/2014. The listed diagnoses per [redacted] are carpal tunnel syndrome and De Quervain's syndrome. According to progress report 08/19/2014, the patient continues with right hand pain and numbness which radiates to the right elbow. The patient is utilizing Naprosyn and Salonpas pain patches with some relief. Examination of the right wrist and hand revealed full range of motion in all planes. Tinel's, Phalen's, and Finkelstein's tests are all positive. Sensation is diminished in the median but intact in the radial, ulnar nerve distributions. Digital nerve function is intact. There is slight to moderate pain over the CMC joint. The patient was placed on modified work activity. The physician is requesting lab work and topical patch. Utilization review denied the request on 09/17/2014. Treatment reports from 07/29/2014 through 08/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TSH, Hgb A1C, CBC w/diff, ESR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with continued right wrist and hand pain. The physician is requesting CBC with diff, TSH to look for possible thyroid disease, hemoglobin A1C for possible diabetes, and ESR for possible inflammatory disease. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." The MTUS Guidelines states monitoring of CBC is recommended when the patient is taking NSAID. In this case, the patient has been taking NSAID on a long-term basis and a CBC is recommended. However, the physician is requesting additional testing including TSH, hemoglobin A1C, and ESR. The physician does not discuss possible thyroid or diabetes issues to consider these additional testing. Given such, recommendation is for denial.

Camphor-Methyl Salicylate-Menthol-Tocopherol patch #40: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals The MTUS has the following regarding topical creams (Chronic pain section) P.

Decision rationale: This patient presents with continued right wrist and hand pain. The physician states that this patch contains camphor, methyl salicylate, and menthol. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. The ODG Guidelines supports Ben-gay which contains similar products as tocopherol patches, for acute chronic pain conditions, particularly osteoarthritis. In this case, the patient has hand and wrist issues and the physician notes that the patches provide some relief. Recommendation is for approval.