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| Case Number: | CM14-0185133 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 04/01/2012 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 Orthopedic Surgery, Hand Surgery and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 04/01/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included right ring finger flexor tenosynovitis, right ring finger triggering, mild right thumb carpometacarpal joint osteoarthritis, status post trigger finger release, right wrist carpal tunnel syndrome, anxiety disorder, mood disorder, stress, and sleep disorder. Previous treatments included medication, physical therapy, and surgery. Within the clinical note dated 10/22/2014, it was reported the patient complained of burning in the right wrist and hand. She described her pain as constant, moderate, and severe. The injured worker rated her pain 6/10 to 7/10 in severity. She complained of radiating pain, weakness, numbness, and tingling in her hands and fingers. The injured worker is status post right ring trigger finger release on 10/2012 with residual sharp pain. Upon the physical examination, the provider noted there was tenderness to palpation over the carpal tunnel, as well as 1+ tenderness over the first dorsal extensor muscle compartment. The range of motion of the right wrist was noted to be 20 degrees of flexion and 15 degrees of extension. The injured worker had a positive Tinel's. There was 2+ tenderness to palpation over the A1 pulley and at the head of the metacarpal bone and metacarpal joint of the fifth digit. The request was submitted for cyclobenzaprine, flurbiprofen cream, capsaicin/flurbiprofen/gabapentin/menthol/camphor cream, and Terocin patches. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent Cream #180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 41, 72, 111-112.

Decision rationale: The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Cyclobenzaprine is recommended as an option using a short course of therapy. Flurbiprofen is recommended for mild to moderate pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.

Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent #180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-113.

Decision rationale: The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. Flurbiprofen is recommended for mild to moderate pain. Gabapentin is not recommended as a topical NSAID. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Unknown Prescription of Terocin Patches: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines' recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.