

Case Number:	CM14-0098460		
Date Assigned:	07/28/2014	Date of Injury:	10/25/2011
Decision Date:	10/23/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in Pain Management, 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:

Patient is a 48-year-old female with a 10/25/11 date of injury. Progress report dated 04/14/14 states subjective complaints of bilateral wrist/hand pain. Pain is rated at 5/10, is intermittent. Numbness is present. Bilateral upper extremity nerve pain with numbness is worse at night. Objectively, grip strength 4/5 bilaterally, positive Phalen's in the left wrist/hand. Diagnoses: Carpal tunnel syndrome, chronic pain syndrome, wrist pain. Treatment plan states requests for diclofenac/cyclo topical cream. Patient unable to tolerate oral medications due to GI upset/condition. Requests bilateral wrist night braces. Recommends continuation of home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral night wrist braces: Upheld

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

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

Decision rationale: The patient has a left hand pain, positive Phalen's in the left hand. Despite the fact that the patient has been diagnosed with carpal tunnel syndrome, the findings suggest the

involvement of left hand only. It is uncertain why the patient needs a night brace for the right hand. There is no recommendation on splinting for acute or subacute non-specific hand, wrist, or forearm pain. Therefore the request for bilateral wrist night braces is not medically necessary.

Diclofenac/Cyclo Cream 1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketoprofen, lidocaine Page(s): 112-113.

Decision rationale: Cyclobenzaprine is a muscle relaxant that is present in the requested cream. The guidelines do not support the use of muscle relaxants for topical applications. The request is not medically necessary.