

Case Number:	CM13-0015217		
Date Assigned:	10/11/2013	Date of Injury:	02/01/2011
Decision Date:	01/09/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, has a subspecialty in cardiovascular disease, 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 physician 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.

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 28-year-old who reported an injury on 02/01/2011 when she developed bilateral upper extremity pain due to cumulative trauma performing her job duties. The patient is noted to have been diagnosed with lateral chronic wrist strain with extensor tenosynovitis, de Quervain's syndrome, bilateral elbow lateral epicondylitis with chronic strain, bilateral shoulder chronic strain with limitation in internal rotation. The patient is noted to have treated extensively with non-steroidal anti-inflammatories, bilateral wrist splints, extensive physical therapy, analgesic ointments, 24 sessions of chiropractic treatment, and 24 acupuncture visits. The patient is noted to have undergone extensive diagnostic studies, including electrodiagnostic studies of her upper extremities, MRIs of her wrists and hands. The patient is reported to continue to complain of ongoing pain in her wrists and hands. She is noted to have pain traveling at times from her wrists to her elbows. She noted to complain of swelling, numbness, and tingling of her wrists and hands and fingers with weakness and increased pain with gripping/grasping. The patient is noted to have been seen by [REDACTED] on 06/24/2013 and is reported to continue to complain of 3+ pain, stiffness, and weakness of the bilateral upper extremities of the shoulder, elbow, and wrist. She is noted at that time to have no change of the elbows, worsening of the wrist. She is noted to have a positive Finkelstein's examination. She is reported to be performing home exercises. She is noted to have been prescribed a gabo/keto/lido topical cream, along with capsaicin cream. A urinalysis was requested and a referral for a follow-up appointment with the orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Keto/Lido/Capsacin ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications Section. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is little or no research to support the use of many of these agents and any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend non-steroidal anti-inflammatories for short-term treatment for osteoarthritis in joints that lend themselves to topical treatments, such as the ankle, foot, or wrist, but they do not recommend for greater than 4 to 12 weeks. They also state ketoprofen is not approved for the use of topical application. The guidelines recommend the use of Lidocaine in a transdermal application for neuropathic pain and for localized peripheral pain after there has been evidence of a trial of a first line therapy, such as a tricyclic or an SNRI (serotonin and noradrenaline reuptake inhibitor). They note no other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. They state gabapentin is not recommended, as there is no peer-reviewed literature to support their use. As such, the requested gaba/keto/lido ointment does not meet guideline recommendations. The guidelines recommend the use of capsaicin only as an option for patients who have not responded or are intolerant to other treatments. As there is no indication that the patient has not responded or is intolerant to other treatments, the requested capsaicin ointment is not indicated. The request for GabaKetoLido and Capsacin ointment is not medically necessary or appropriate.

follow-up appointment with an orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89 - 92.

Decision rationale: According to the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, referrals may be appropriate if a practitioner is uncomfortable with the line of inquiry or when treating a particular cause of delayed recovery or have difficulty obtaining information agreement to the treatment plan. As the patient is noted to have previously been referred for occupational therapy by the hand surgeon and there is no indication the patient has attended occupational therapy and there is no indication that the patient is planned for a surgery, the need for a referral to an orthopedic surgeon is not established. The request for a follow-up appointment with an orthopedic surgeon is not medically necessary or appropriate.

