

Case Number:	CM13-0031061		
Date Assigned:	05/21/2014	Date of Injury:	12/06/2010
Decision Date:	07/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 Emergency Medicine and is licensed to practice in New York. 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 31-year-old male who was injured on December 6, 2010. The patient continued to experience bilateral wrist/hand pain. Physical examination was notable for tenderness to the dorsal wrists bilaterally positive Tinel's test bilaterally, positive Phalen's test bilaterally and decreased range of motion. The patient underwent carpal tunnel release on left hand in July 2012 and January 2013. Diagnoses included recurrent bilateral carpal tunnel syndrome, bilateral wrist tendonitis, and status post bilateral wrists carpal tunnel surgery with residual pain. The patient was not taking any medications. Requests for authorization for TENS/EMS unit, compound capsaicin/flurbiprofen/methyl salicylate, compound flurbiprofen/tramadol, electromyogram (EMG) of the right upper extremity, EMG of the left upper extremity, nerve conduction velocity (NCV) of the right upper extremity, NCV of the left upper extremity, magnetic resonance angiogram (MRA) of the left wrist, and MRA of the right wrist were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS/EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. Therefore, the TENS unit is not medically necessary.

COMPOUND MEDICATION CONTAINING CAPSAICIN (0.25%), FLURBIPROFEN (30%), AND METHYL SALICYLATE (4%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105, 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient received multidrug compound for medication. This compounded medication contains capsaicin, flurbiprofen and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This patient is not suffering from any of these diagnoses. This medication is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. This compounded drug is not recommended because it contains two drugs that are not recommended. Therefore, the request is not medically necessary.

COMPOUND MEDICATION CONTAINING FLURIBIPROFEN (20%), AND TRAMADOL (20%), 240 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Topical Analgesics Page(s): 93-94, 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient received multidrug compound for medication. The compounded medication contains flurbiprofen and tramadol. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking selective serotonin re-uptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. This compounded drug is not recommended because it contains two drugs that are not recommended. Therefore, the request is not medically necessary.

AN ELECTROMYOGRAM (EMG) OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case, the patient had known carpal tunnel syndrome and had undergone surgery for this condition. There is no medical indication for the test. There is no documentation in the medical record that patient's condition had changed or that trial of conservative treatment had failed. Therefore, the request is not medically necessary.

AN ELECTROMYOGRAM (EMG) OF THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case, the patient had known carpal tunnel syndrome and had undergone surgery for this condition. There is no medical indication for the test. There is no documentation in the medical record that patient's condition had changed or that trial of conservative treatment had failed. Therefore, the request is not medically necessary.

A NERVE CONDUCTION VEOLCITY (NCV) STUDY OT THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case, the patient had known carpal tunnel syndrome and had undergone surgery for this condition. There is no medical indication for the test. There is no documentation in the medical record that patient's condition had changed or that trial of conservative treatment had failed. Therefore, the request is not medically necessary.

A NERVE CONDUCTION VEOLCITY (NCV) STUDY OT THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: Carpal tunnel syndrome (CTS) does not produce hand or wrist pain. It most often causes digital numbness or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. Clinical testing may include Tinel's sign, Semmes-Weinstein test, Durkan's test, Phalen's sign, and square wrist sign. Electrodiagnostic testing, including electromyography and nerve conduction velocity studies may help differentiate carpal tunnel syndrome from other conditions such as cervical radiculopathy. In this case, the patient had known carpal tunnel syndrome and had undergone surgery for this condition. There is no medical indication for the test. There is no documentation in the medical record that patient's condition had changed or that trial of conservative treatment had failed. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE ANGIOGRAM (MRA) OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand: Magnetic resonance imaging.

Decision rationale: Magnetic resonance imaging (MRI) of the wrist is recommended for acute trauma when distal radius fracture, scaphoid fracture, or gamekeeper's thumb is suspected or for chronic wrist pain when tumor or Kienbock's disease is suspected. In this case the patient does not meet any of the conditions for recommendation of MRI. There are no recommendations for an MRA of the wrist. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE ANGIOGRAM (MRA) OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand: Magnetic resonance imaging.

Decision rationale: Magnetic resonance imaging (MRI) of the wrist is recommended for acute trauma when distal radius fracture, scaphoid fracture, or gamekeeper's thumb is suspected or for chronic wrist pain when tumor or Kienbock's disease is suspected. In this case the patient does not meet any of the conditions for recommendation of MRI. There are no recommendations for an MRA of the wrist. Therefore, the request is not medically necessary.