

Case Number:	CM13-0032044		
Date Assigned:	12/04/2013	Date of Injury:	03/30/2012
Decision Date:	04/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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:

This is a 64 year-old female with a 3/30/12 cumulative trauma industrial injury claim. She has been diagnosed with right radial styloid tenosynovitis; bilateral wrists tendonitis; bilateral wrist/hand pain; left forearm pain s/p scaphoid resection and 4 quadrant fusion on 1/3/13; chronic pain related insomnia and neuropathic pain. According to the initial anesthesiology/pain management report dated 8/15/13 by [REDACTED], the patient has 8- 9/10 right wrist/hand pain and 4-5/10 left wrist/hand pain. She has been using tramadol 50mg tid for pain, as Vicodin and Tylenol/codeine were not effective. [REDACTED] recommends an initial UDT; saliva DNA testing to see if there is any predisposition to narcotic addiction; an MRI lumbar spine; thumb injection; continue tramadol; Traumeel 2cc IM for acute pain; Cidaflex 2 qam and 1q pm; Fluriflex ointment. On 9/6/13, UR recommended against the saliva DNA testing, traumeel injection, Cidaflex and Fluriflex

IMR ISSUES, DECISIONS AND RATIONALES

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

SALIVA DNA TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indicators and predictors of possible misuse of controlled substances and/or addiction Page(s):. Decision

based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Genetic testing for potential opioid abuse

Decision rationale: The patient presents for pain management with right and left hand/wrist pain. The physician requests DNA testing to assess whether there is a potential for opioid abuse. There was no discussion of the MTUS "Indicators and predictors of possible misuse of controlled substances and/or addiction" MTUS does not discuss DNA testing, so ODG guidelines were consulted. ODG guidelines specifically state that Genetic testing for potential opioid abuse is not recommended. The request is not in accordance with ODG guidelines.

TRAUMEEL 2CC INJECTION IN OFFICE AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com, on traumeel injection

Decision rationale: The patient presents for pain management with right and left hand/wrist pain. The physician requests a Traumeel injection. Traumeel is a compounded homeopathic product containing: Arnica montana. radix (Mountain arnica), Calendula officinalis (Marigold), Hamamelis virginiana (Witch hazel), Millefolium (Milfoil), Belladonna (Deadly nightshade), Aconitum napellus (Monkshood), Chamomilla (Chamomile), Symphytum officinale (Comfrey), Bellis perennis (Daisy), Echinacea (Narrow-leaf coneflower), Echinacea purpurea (Purple coneflower), Hypericum perforatum (St. John's Wort) Mercurius solubilis (Hahnemann's soluble mercury) Hepar sulphuris calcareum (calcium sulfide-made from oyster shells). On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." None of the components of Traumeel are FDA approved to treat any medical condition, so the whole product is not recommended.

CIDAFLEX 500/400MG #90: 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 Glucosamine (and Chondroitin Sulfate), Page(s): 50.

Decision rationale: The patient presents for pain management with right and left hand/wrist pain. The physician requests Cidaflex. Cidaflex is compound containing Glucosamine HCl 500mg and Chondroitin Sulfate 400mg. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cidaflex contains Glucosamine hydrochloride. MTUS states: "Studies have demonstrated a highly significant

efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." MTUS does not appear to recommend the glucosamine hydrochloride. Therefore, the whole Compound containing glucosamine hydrochloride is not recommended.

FLUIFLEX OINTMENT 180GM: 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 Analgesics Page(s): 111-113.

Decision rationale: The patient presents for pain management with right and left hand/wrist pain. The physician requests Fluriflex. Fluriflex is a compound of flurbiprofen 15%/cyclobenzaprine 10%. Fluriflex is not in accordance with MTUS. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended