

Case Number:	CM13-0047104		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2012
Decision Date:	03/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

The patient is a 63 year-old female who sustained an industrial injury on March 30, 2012. The patient's injury is reportedly the result of continuous trauma at work and a specific event (placing a file). The patient is status post Left carpal fusion in 2D13. The current request is from [REDACTED]. On May 15, 2013, the patient underwent an AME evaluation with [REDACTED]. As per the report, the correct diagnosis in this case is tendinitis. In terms of treatment for de Quevain's,, one or two cortisone/Xylocaine injections are curative 70% oi the time. The other 30% of patients will need surgery. In terms of the patient's current wrist complaint, it is noted that if any additional surgeries are needed on the inside of the wrist, namely the radiocarpal area, it should be done on non-industrial basis, but if any treatment is necessary for the tendinitis, it should be done on an industrial basis. An x-ray examination of the LEFT wrist, dated May 15, 2013, reports the following impression: Prior left wrist surgery and fusion as described above. Osteoarthritic type changes, lefl first carpometacarpal joint An x-ray examination of the RIGHT wrist, dated May 15, 2013, reports the following impression: 1 There was some apparent widening with the clenched-fist positioning of the right scapholunate distance, question whether there is underlying tear versus instability_ Suggest MRI correlation as clinically indicated. An x-ray examination of the LEFT shoulder, dated May 15,2013, reports the following impression The left humeral head appeared slightly inferiorly subluxed. Bony prominence along the undersurface of the acromion, unclear whether this would result in impingement Recommend further MRI correlation as clinically indicated. An x-ray examination of the RIGHT shoulder, dated May 15, 2013, reports the following impression 1. Right humeral head appeared slightly inferiorly subluxed. Bony prominence undersurface of the right acromion unclear whether this clinically, would result in impingement Slight spurring right humeral head inferomedially 2. Suggest further correlation with MRI as clinically indicated. On August 15, 2013, the patient underwent an initial comprehensive pain management consultation with [REDACTED]

■■■■. The patient's first complaint is RIGHT wrist and hand pain. Pain is currently at 8/10 and has averaged 9/10 over the preceding week. The second complaint is LEFT wrist and hand pain. Pain is now 4/10 and has averaged 5/10 over the preceding week. Miscellaneous complaints include insomnia. Medications are listed as Tramadol 50 mg x 1 TID, Lisinopril 20 mg x 1 daily, Flexeril 5 mg x 1 up po TID, Aspirin 81 mg x 1 daily, glucosamine/chondroitin supplement x 1 daily, fish oil x 1 daily, vitamin D x 1 daily, multivitamin x 1 daily, collagen x 1 daily, and probiotics x 1 daily. Failed medications include Vicodin, Tylenol/codeine, and Tylenol #3. The patient is not currently working; she is retired due to her inability to work effectively. Treatment has included one surgical procedure (partial fusion) and cortisone injections to the LEFT wrist, as well as bracing and physical therapy for the bilateral wrists. On examination, ROM of the bilateral elbows and wrists is decreased compared to normal, more so on the LEFT than the RIGHT. There is pain with supination, pronation, and radial and ulnar deviation as well as making a fist, greater on the LEFT than RIGHT. Motor strength is decreased (4/5) in the bilateral intrinsic muscles of the hand and biceps and triceps on the LEFT. Biceps and brachioradialis reflex is decreased on the LEFT (+1 compared to +2). The assessment is right radial styloid tenosynovitis aka de Quervain's syndrome, bilateral wrist/hand tendonitis and pain (RIGHT greater than LEFT), left forearm pain s/p scaphoid resection and four quadrant fusion on 01/03/13, and chronic pain-related insomnia. The plan includes an initial urine drug screen. If the urine drug screen is positive and/or the patient is started on narcotic medication, then random urine drug screens (6-9 per year in most cases) are requested. The provider also requests authorization for one time saliva DNA testing to test the patient's predisposition to prescription narcotic addiction/dependence, MRI of the lumbar spine, wrist/thumb injection, continue tramadol, Traumeel 2 cc IM x 1 for acute pain following PE, cidalox 2 po q am 1 po q pm #90 for pain and joint health, and start Fluriflex ointment transdermally #180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Keto/Lido transdermal compounded ointment #240 grams: 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): 110-111.

Decision rationale: Regarding a compound topical analgesic consisting of Gaba/Keto/Lido transdermal ointment #240 grams, DOS: 10/14/13. The guidelines lines stated that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Also the guideline does not support topical Tramadol. The guidelines states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those

from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000). Therefore the request for compound topical analgesic consisting of Gaba/Keto/Lido transdermal ointment #240 grams, DOS: 10/14/13. is not medically necessary based on the guideline.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Test Page(s): 43.

Decision rationale: With respect to request for retrospective urine drug screen DOS: 10/14/13: This is a retrospective request for a urine drug screen. The Guidelines recommend drug screening to assess the presence of illicit drugs and or to monitor patient adherence to prescription medication program, when there is a clinical indication. In this patient, initial urine drug screening performed did not suggest any evidence of aberrant drug behavior or illicit drug use. Furthermore, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Based on the currently available information, the medical necessity for this drug screening has not been established, and therefore, the request is medically necessary.

