

Case Number:	CM13-0050265		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2001
Decision Date:	06/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This patient is a 61 year old female with date of injury of 06/25/2011. The listed diagnoses per [REDACTED] dated 08/16/2013 are: 1. Rotator cuff syndrome 2. Carpal tunnel syndrome 3. De Quervain's disease 4. Synovitis and Tenosynovitis The report shows that the patient's condition has not changes since her last visit. She currently takes medications which include Voltaren XR, Colace, Omeprazole, and uses Terocin lotion and ointment. The patient complains of right upper extremity pain which is worse at night. She has spasms over the bilateral upper extremities. She also has bilateral wrist pain which is aggravated by repetitive use. She has numbness, tingling, and weakness over the bilateral hands. She has radiating pain down the bilateral lower extremities. Examination of the right wrist reveals a healed scar. There is palpable tenderness noted. The left middle finger reveals palpable tenderness over the flexor tendon. The right index finger reveals palpable tenderness over the flexor tendon. The utilization review denied the request on 10/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non- Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms and Cardiovascular Risk, pages 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms and Cardiovascular.

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting Colace. The MTUS supports prophylactic use of constipation medications for patient who are on opiates. However, this patient is not on any opiates and there are no reports of constipation. The request is not medically necessary and appropriate.

30GM FLURBIPROFEN 25%-MENTHOL 10%-CAMPHOR 3%-CAPSAICIN .0375% TOPICAL CREAM: 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.

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting a compound cream 30mg Flub 25%, menthol 10%, camphor 3%, capsaicin 0.375% topical cream. The MTUS Guidelines page 111 states for topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." For Flurbiprofen, a topical Non-Steroidal Anti-Inflammatory Drugs (NSAID), MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. For capsaicin, MTUS states, "There have been no studies of a 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." In this case, capsaicin is not indicated in 0.0375% formulation. The request is not medically necessary and appropriate.

URINE TOXICOLOGY TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen.

Decision rationale: This patient presents with right upper extremity pain. The treating physician is requesting a urine toxicology test. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG states, for low-risk opiate users, once-yearly urine screen is recommended following initial screen within the first 6 months. Records do not show any recent or prior urine drug screens. In

this case, the patient has not been prescribed opioids that would warrant a urine drug screen. The request is not medically necessary and appropriate.