

<b>Case Number:</b>	CM13-0068816		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Family Medicine, 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. 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 61-year-old who sustained a work injury on 3/13/2003 after a fall downstairs. The primary injury was to the patient's right ankle. This ultimately required arthroscopic surgery for repair. During the post-operative recovery period the patient was required to use a cane for ambulation; primarily using the patient's right hand. This resulted in the development of right hand, thumb, and wrist pain and carpal tunnel syndrome. In August of 2008, the patient underwent EMG/NCV (electromyogram/nerve conduction velocity) studies and revealed moderate right carpal tunnel syndrome. The patient was treated with splinting, pharmacologic therapy, activity modification, physical therapy and carpal tunnel steroid injection. In August of 2011 the patient underwent right carpal tunnel decompression and trigger finger release. The patient underwent a course of post-operative physical therapy and reported that the patient achieved improvement in the patient's symptoms but did not experience complete relief. The patient has undergone multiple assessments from a number of providers and all of the available medical records were reviewed. The specific issue for this review regards a dispute regarding a utilization review for the following: physical therapy for the right hand, Ambien, FluriFlex Cream, TG Ice Cream, and a urine drug screen. In reviewing the medical records that pertain to the right hand injury the patient has carried the following diagnoses: Right Carpal Tunnel Syndrome, Right Trigger Finger, Right Long Digit and Right Thumb Trigger Release. An evaluation by Creative Therapeutics, Physical Therapy on 12/2/2013 noted the following: "Patient reports that the patient is trying to use the patient's right hand more with household tasks but it hurts pretty much with everything. The patient reports sweeping, using it to lift a tea kettle. The symptoms are made better with "ice, massage and home ultrasound." The patient is not working. The patient was described as progressing with the patient's functional activities at home; however, the patient continued to have problems with right grip and finger pincer strength,

decreased right wrist flexor/extensor strength, and numbness of the patient's right hand. Short-term goals were established to decrease scar tissue restriction in the right hand. Documented physical examination of the patient's hand by the patient's orthopedic surgeon was remarkable for: "there is triggering and locking of the fingers."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

**Decision rationale:** The Physician Reviewer's decision rationale: Ambien is a short-acting hypnotic and is approved for use for the short-term treatment of insomnia. It is well known to have a number of untoward effects when used chronically. It is not recommended for long-term use due to these well-established side effects including impairment of function. While the Chronic Pain Medical Treatment Guidelines do not specifically mention Ambien, the following comment from Page 14 is relevant on the use of medications for insomnia. Specifically, that tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The request for Ambien 10 mg is not medically necessary

**TGIce Cream, 190 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. TGIce cream is a compounded topical analgesic. The request for TGIce Cream, 190 grams, is not medically necessary

**Twelve sessions of physical therapy for the right hand:** 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 Page(s): 30-32.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines section on functional restoration programs address this request. There is no evidence in the records that indicate that this patient meets the criteria for her chronic right hand conditions. These criteria include: an adequate and thorough evaluation including baseline functional testing so that follow-up with the same test can note functional improvement and the patient has a significant loss of ability to function independently. The request for twelve sessions of physical therapy for the right hand is not medically necessary

**Fluriflex Cream, 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluriflex cream is a compounded topical analgesic. The request for Fluriflex Cream, 180 grams, is not medically necessary

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 143, Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5, Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The records indicate that the patient is chronically using opioid medications for chronic pain and therefore meets these criteria. The ACOEM Guidelines state 5.

**Recommendation:** Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain  
Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. Frequency - Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). The request for urinalysis is not medically necessary