

Case Number:	CM14-0113896		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2006
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal 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 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 injured worker has a right hand condition. Date of injury was 09/26/2006. Patient suffered a right upper extremity injury from cleaning with a high pressure hose and shoveling tomatoes. Treatment to date includes shoulder arthroscopy 2007. On 06/24/2014 the worker complained of stiffness with some limited motion, pain and swelling right thumb and right third finger. She also complained of shoulder and left elbow pain. Physical examination documented limited flexion by 30 degrees proximal interphalangeal joint and metacarpophalangeal right thumb. Treatment plan included topical pain cream 6% diclofenac, 6% flurbiprofen, and 6% gabapentin, Norco 7.5/325mg #60 with 1 refill, additional physical therapy of 12 visits to right thumb and third finger. Primary treating physician's progress report dated 06/24/2014 documented a diagnosis of stenosing tenosynovitis, right thumb and right third finger. Patient notes increasing pain in the left shoulder, left elbow, wrist and hand from favoring the right and using the left more. Objective findings included limited flexion by 30 degrees PIP and MCP right thumb, extension lag 10 degrees PIP, 20 degrees MCP right third finger with decreased grip strength. Patient has been making good progress with therapy. Her incisions are well-healed, but she still has limited flexion of the thumb and an extension lag of the right third finger. Patient has a couple more therapy visits left. Additional passive range of motion to supplement active motion is desired. Thus additional therapy is requested three times a week for four weeks. Norco 7.5/325 mg, 1-2 every 4-6 hours as needed for breakthrough pain #60 with one refill was requested. Return appointment was scheduled in four weeks. Initial physical therapy report dated 05/23/2014 documented the approval of 14 visits. Operation report dated 05/16/2014 documented the performance of release of stenosing tenosynovitis right thumb and right third finger and excision of ganglion cyst right thumb. Utilization review decision date was 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical pain cream 120oz (6% diclofenac, 6% flurbiprofen, and 6% gabapentin) with 1 refill: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Primary treating physician's progress report dated 06/24/2014 documented a diagnosis of stenosing tenosynovitis, right thumb and right third finger. Treatment plan included topical cream 6% Diclofenac, 6% Flurbiprofen, and 6% Gabapentin. The MTUS guidelines states that topical gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical pain cream 120oz (6% diclofenac, 6% flurbiprofen, and 6% gabapentin) with 1 refill is not medically necessary.

Norco 7.5325mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 271-273, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for upper extremity conditions. ACOEM states that the use of opioids for more than 2 weeks is not recommended for forearm, wrist, and hand conditions. The MTUS guidelines recommend regular reevaluations for opioid prescriptions. This does not support a prescription of sixty tablets of Norco, with a refill of sixty additional Norco tablets. ACOEM guidelines do not endorse the long-term use of opioids. ACOEM states that the use of opioids for more than 2 weeks is not recommended for forearm, wrist, and hand conditions. Therefore, the request is not medically necessary.

Additional physical therapy; 12 session to right thumb and finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

Decision rationale: The MTUS guidelines provide physical therapy; (PT) physical medicine visit recommendations for operations. For synovitis and tenosynovitis, 14 visits of physical therapy are recommended. Initial physical therapy report dated 05/23/2014 documented the approval of 14 visits. Primary treating physician's progress report dated 06/24/2014 documented that the patient has a couple more physical therapy visits left. The request for 12 additional physical therapy visits would exceed MTUS guideline recommendations. Therefore, the request for additional physical therapy for 12 sessions to right thumb and finger is not medically necessary.