

<b>Case Number:</b>	CM14-0173707		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine & Rehabilitation 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 is a 28-year-old male who reported an injury on 09/14/2011. The injury was reported to have occurred while he was driving a forklift and lost control. His left arm was pinned between the forklift and a metal container. His diagnoses included rule out post traumatic carpal tunnel syndrome, history of left wrist dislocation, status post open reduction internal fixation (ORIF) of the left radius, and symptomatic retained hardware in the forearm. The past treatments included ORIF of the left wrist/forearm in 10/2011. There was no imaging studies provided for review. The initial orthopedic surgery evaluation, dated 09/12/2014, noted the injured worker complained of pain to his left forearm, rated 7/10, with numbness and tingling to his fingers. He also reported weakness to his arm. The physical exam noted tenderness to the left elbow. Left elbow range of motion was noted as 135 degrees of flexion, 0 degrees of extension, 60 degrees of pronation, and 80 degrees of supination. Tenderness was also noted to the medial and lateral right wrist. Phalen's test was noted to be positive to the right wrist. Right wrist range of motion was noted as 50 degrees of dorsiflexion, 50 degrees of palmar extension, 20 degrees right deviation, 30 degrees of ulnar deviation, 60 degrees of pronation, and 80 degrees of supination. Upper extremity reflexes were noted to be normal bilaterally. The injured worker was noted to have no loss of sensibility, abnormal sensation, or pain in the C5-8 dermatomes. Active movement against gravity and full resistance were noted to the C5-8 myotome. The injured worker was not taking any medication, and he denied any medical treatment for the year prior to the referenced visit. The physician requested an EMG/NCV of the bilateral upper extremities to rule out nerve root entrapment, acupuncture treatment once a week for 6 weeks of the left arm to decrease pain, increase strength, range of motion, and functional capabilities; authorization for surgery to address hardware removal of the left arm; transportation to and from all doctor visits; and prescriptions for Neurontin 600 mg #90 to help ease nerve pain,

Duexis 800 mg #1 for inflammation, and Flurbiprofen 20% for pain and inflammation. The physician further noted the injured worker was to consider whether he would want the surgery to remove the hardware from his left forearm. The Request for Authorization form was submitted for review on 09/12/2014.

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

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

**Duexis 800mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding Duexis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Combination (NSAID/GI protectant) Page(s): 70-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis® (ibuprofen & famotidine).

**Decision rationale:** The request for Duexis 800mg is not medically necessary. The injured worker had pain to his right wrist with numbness and tingling to his fingers, and a positive Phalen's test. The California MTUS Guidelines recommend combination NSAID/GI protectant for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and other gastrointestinal complications. The guidelines also state, NSAIDs are not recommended for first line treatment of neuropathic pain. There is a lack of indication of arthritic pain. The Official Disability Guidelines further state, Duexis is not recommended as a first-line drug. There is no indication of swelling or stiffness to the joints. There is no gastrointestinal assessment documented. There is no indication of an increased risk for NSAID-induced gastrointestinal complications. Additionally, the frequency and amount prescribed is not included in the request to establish medical necessity. Given the above, the use of Duexis is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter ; regarding electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,308-310.

**Decision rationale:** The request for EMG/NCV bilateral upper extremities is not medically necessary. The injured worker had pain to his right wrist with reported numbness and tingling to his fingers and a positive Phalen's test to the right wrist. The injured worker also had tenderness to the left elbow. The California MTUS/ACOEM Guidelines note nerve conduction study and possible EMG may be recommended if severe nerve entrapment is suspected on the basis of

physical examination, denervation atrophy is likely, and there is failure to respond to conservative treatment. The guidelines note EMG for clinically obvious radiculopathy and surface EMG tests are not recommended. There were no objective sensory or motor deficits. There is a lack of evidence of neurological deficits to the upper extremities. There is no objective indication of nerve entrapment. There is no indication of denervation atrophy. There is a lack of evidence of failure of conservative treatment. Given the above, the use of an EMG/NCV to the upper extremities is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

**Surgery consult for hardware removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Wrist Chapter, text, page 270 and table 11-7ODG, (Minkowitz, 2007) (Forearm, Wrist, & Hand Chapter)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Hardware implant removal (fracture fixation)

**Decision rationale:** The request for Surgery consult for hardware removal is not medically necessary. The injured worker had an open reduction internal fixation in 10/2011. He complained of pain to his right wrist with numbness and tingling to his fingers after 1 year without medical treatment. The Official Disability Guidelines do not recommend routine removal of hardware except in the case of broken hardware or persistent pain after ruling out other causes of pain, such as infection or nonunion. There is a lack of evidence of failure of other treatments to provide pain relief, and a lack of evidence that other causes of pain have been ruled out. Given the above, hardware removal is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

**Transportation to and from all medical appointments:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (to & from appointments).

**Decision rationale:** The request for Transportation to and from all medical appointments is not medically necessary. The injured worker had an injury to his right arm with pain to his right wrist and numbness and tingling to his fingers. The Official Disability Guidelines recommend transportation be provided to and from appointments for injured workers with disabilities preventing them from self transport. There is no documentation indicating the injured worker's inability to transport himself to his appointments. As such, the request is not medically necessary.

## **Acupuncture 1 wk 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Acupuncture 1 wk 6 is not medically necessary. The injured worker had pain to his right wrist with numbness and tingling to his fingers following 1 year without medical treatment. The California MTUS Acupuncture Guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated or as an adjunct to physical therapy or surgical intervention to hasten recovery. The guidelines state acupuncture treatments should produce functional improvement in 3 to 6 treatments. If there is evidence of significant objective functional improvement after the initial trial, the guidelines recommend continuation of treatment of 1 to 3 sessions per week for 1 to 2 months. There is no documentation of intolerance or reduction of the injured worker's medication. There is no documentation of other active therapies being utilized. There is no documentation of failure of other treatments. Additionally, the site intended for treatment is not included in the request to establish medical necessity. Given the above, the use of acupuncture is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.

## **Flurbiprofen Cream 20%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation ODG regarding topical NSAIDs; topical Salicylate

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Flurbiprofen Cream 20% is not medically necessary. The injured worker had pain to his right wrist with numbness and tingling to his fingers, and a positive Phalen's test. The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are further recommended for short term (4 to 12 weeks) treatment of osteoarthritis of the knee or elbow, and specifically not for use on the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support their use. There is no documentation of failure of first line medications. There is no documentation of intolerance to oral medications. Additionally, the frequency and site intended for use were not indicated on the request to establish medical necessity. Given the above, the use of flurbiprofen cream is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.