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| Case Number: | CM14-0046110 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/29/2005 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Occupational 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 patient is a 48-year-old female who has submitted a claim for anxiety disorder, hypertension, sprain/strain syndrome with mild disc bulge, cervical sprain/strain with C6-7 disc bulge, right shoulder arthroscopic subacromial decompression with residual AC joint arthrosis and carpal tunnel syndrome associated with an industrial injury date of 11/29/2005. Medical records from 07/17/2012 to 04/10/2014 were reviewed and showed that the patient complained of neck, shoulder, and hand/wrists pain (pain scale grade not specified). Physical examination of the shoulders revealed portals sites healed on right shoulder. Decreased range of motion (ROM) of the shoulders bilaterally was noted. Impingement test was positive bilaterally. Neer and O'Brien tests were negative. Physical examination of the wrists revealed well-healed incision on the right wrist. Tinel's and Phalen's tests were positive bilaterally. Grip strength was decreased bilaterally. MMT was intact throughout the upper extremities. Sensation to light touch was decreased in median distribution on right upper extremity. An MRI of the cervical spine (date not made available) showed disc bulge at C3-4 and C5-6. Treatment to date has included carpal tunnel release, right wrist, right shoulder arthroscopic acromioplasty, bursectomy, distal clavicular spur resection and coracoacromial ligament release (05/02/2012), physical therapy, wrist splints, and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Pro-wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, the patient has used standard splints since 04/10/2014. It is unclear as to why bilateral pro-wrist splints are requested. Furthermore, the guidelines state that splints encourage lack of mobility which may impair and delay recovery. The medical necessity for bilateral pro-wrist splints has not been established. Therefore, the request for Bilateral Pro-wrist splints is not medically necessary.

Bilateral Smart gloves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156. Decision based on Non-MTUS Citation SmartGlove, <http://www.imakproducts.com/product.php?s=10>.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by the California MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. A search of online resources showed that Smart Glove helps prevent and relieve wrist pain associated with carpal tunnel syndrome, arthritis and tendonitis by encouraging proper hand and wrist position. In this case, the patient has used standard splints since 04/10/2014. It is unclear as to why Smart Gloves are requested. Furthermore, the guidelines state that splints encourage lack of mobility which may impair and delay recovery. The medical necessity has not been established. Therefore, the request for bilateral Smart Glove is not medically necessary.

Fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream 180gmtwice daily: 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): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, the MTUS supports a limited list of Non-steroidal Anti-Inflammatory Drugs (NSAIDs) topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of Cyclobenzaprine as a topical compound. In this case, the patient reported gastrointestinal disturbances such as heartburn, nausea, and change in bowel habits (03/14/2014) which support the need for topical cream use. However, the requested compounded cream contains Flurbiprofen which is not recommended by the guidelines for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10%) cream 180gm twice daily is not medically necessary.

TGHot (tramadol/gabapentin/menthol/camphor/capsaicin 8/10/2/2/0.5%) cream 180gm twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113.

Decision rationale: TGHot contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%. According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 these agents. The topical formulation of Tramadol does not show consistent efficacy. Gabapentin is not recommended for topical applications. Regarding the Capsaicin component, page 28 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. The guidelines do not address camphor. In this case, the patient reported gastrointestinal disturbances such as heartburn, nausea, and change in bowel habits (03/14/2014) which support the need for topical cream use. However, the requested compounded cream contains gabapentin which is not recommended for topical use. Furthermore, the formulation contains 0.5% capsaicin which is not supported by the guidelines. Therefore, the request for TGHot (tramadol/gabapentin/menthol/camphor/capsaicin 8/10/2/2/0.5%) cream 180gm twice daily is not medically necessary.

