

Case Number:	CM14-0194832		
Date Assigned:	12/02/2014	Date of Injury:	10/07/2014
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 23-year-old male with a 10/7/14 date of injury. At the time (11/4/14) of request for authorization for physical therapy evaluation and treatment 2 x week x 6 weeks, left wrist; physical performance FCE (functional capacity evaluation); hot and cold unit purchase; compound medication: Gabapentin 10%, amitriptyline 10%, bupivacaine 5%, in cream base 210 grams; and compound medication: Flurbiprofen 20%, dexamethasone 2%, menthol 2%, camphor 2% capsaicin 0.025%, in cream base 210 grams, there is documentation of subjective (left hand and wrist pain) and objective (raised 3cm scar over left thenar eminence, tenderness over left wrist with decreased range of motion, positive Tinel's test, and decreased sensation over median nerve distribution) findings, current diagnoses (post electrocution of left hand with burn of left hypothenar and rule out neuritis), and treatment to date (ointment). Medical report identifies a request for physical performance FCE to ensure that the patient can safely meet the physical demands of occupation; and a request for compound medication: Flurbiprofen, dexamethasone, menthol, camphor, capsaicin, in cream to be applied 2-3 times a day as needed. Regarding physical performance FCE (functional capacity evaluation), there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Regarding compound medication: Flurbiprofen 20%, dexamethasone 2%, menthol 2%, camphor 2% capsaicin 0.025%, in cream base 210 grams, there is no documentation of osteoarthritis pain in joints (hand); and short-term use (4-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy evaluation and treatment 2 x week x 6 weeks; left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of open wound of finger or hand not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of post electrocution of left hand with burn of left hypothenar and rule out neuritis. In addition, there is documentation of functional deficits and functional goals. However, the requested physical therapy evaluation and treatment 2 x week x 6 weeks, left wrist exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for physical therapy evaluation and treatment 2 x week x 6 weeks, left wrist is not medically necessary.

Physical Performance FCE (functional capacity evaluation):

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7, page(s) 137-138. Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is

hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of post electrocution of left hand with burn of left hypothenar and rule out neuritis. However, despite documentation of a request for physical performance FCE to ensure that the patient can safely meet the physical demands of occupation, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for physical performance FCE (functional capacity evaluation) is not medically necessary.

Hot and cold unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE.

Decision rationale: MTUS reference to ACOEM identifies patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for hot and cold unit purchase is not medically necessary.

Compound medication: Gabapentin 10%, amitriptyline 10%, bupivacaine 5%, in cream base 210 grams: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other

muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of post electrocution of left hand with burn of left hypothenar and rule out neuritis. However, the requested Gabapentin 10%, amitriptyline 10%, bupivacaine 5% contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for compound medication: Gabapentin 10%, amitriptyline 10%, bupivacaine 5%, in cream base 210 grams is not medically necessary.

Compound medication: Flurbiprofen 20%, dexamethasone 2%, menthol 2%, camphor 2% capsaicin 0.025%, in cream base 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of post electrocution of left hand with burn of left hypothenar and rule out neuritis. However, despite documentation of pain, there is no (clear) documentation of osteoarthritis pain in joints (hand). In addition, given documentation of a request for compound medication: Flurbiprofen, dexamethasone, menthol, camphor, capsaicin, in cream to be applied 2-3 times a day as needed, there is no (clear) documentation of short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for compound medication: Flurbiprofen 20%, dexamethasone 2%, menthol 2%, camphor 2% capsaicin 0.025%, in cream base 210 grams is not medically necessary.

Ibuprofen 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of

diagnoses of post electrocution of left hand with burn of left hypothenar and rule out neuritis. In addition, there is documentation of pain. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg #90 is medically necessary.