

<b>Case Number:</b>	CM14-0195654		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Rehab, 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 62 year old female with a date of injury of June 25, 2001. According to a progress report dated 10/27/14, the patient complained of continued pain in her right wrist with repetitive use, she had pain in her left middle finger, which was stiff and sore. She had numbness and tingling for both hands and in the forearms. She had radiating pain extending down to both upper extremities, and weakness in both hands. She rated her pain as a 6/10 for the upper extremities. The patient's medication regimen consisted of Voltaren, Colace, and Flurbiprofen, Menthol, Capsaicin topical compound medication. Objective findings: tenderness over the flexor tendon of left middle finger and right index finger, neurological examination of upper extremities showed normal motor and reflexes and decreased sensation in the right hand. Diagnostic impression: rotator cuff syndrome of bilateral shoulders, bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, left middle finger and right index finger tenosynovitis. Treatment to date: medication management, activity modification. Utilization review form dated November 6, 2014 non-certified UA, EMG/NCS upper extremities, Flurbi 25%/Menth 10%/Camph 3%/Cap 0375% 120gm topical cream, and Flurbi 25%/ Menth 10%/ Camph 3%/ Cap 0375% 30gm topical cream. Regarding the topical medications, failure of all other agents is not documented. As there is no documentation of failed first line agents and the requested compounded cream contains multiple agents not supported by guidelines, the request is non-certified. Regarding UA, the patient is not documented as being prescribed narcotics and there is no rationale for the UDS in someone who is not taking opioid medications and is not at high risk for aberrant behaviors. Regarding EMG/NCS, there is no indication of progressive neurological dysfunction on physical examination that would support repeat electrodiagnostic studies at this time. There is no provided rationale for the request absent of red-flag findings.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**UA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43 and 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there is no documentation that this patient is currently taking an opioid medication. It is unclear as to why this patient would require a urine toxicology screen at this time. Therefore, the request for UA is not medically necessary.

**EMG/NCS upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG/NCV

**Decision rationale:** CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the present case, the provider has requested an EMG and NCS of the upper extremities to rule out carpal tunnel syndrome. However, the patient already has a diagnosis of bilateral carpal tunnel syndrome status post bilateral carpal tunnel release. It is unclear from the discussions in the documentation how an EMG would clarify the picture and prove valuable in treatment decision making. In addition, there is no documentation that this patient has failed conservative measures of treatment. Therefore, the request for EMG/NCS upper extremities is not medically necessary.

**Flurbi 25%/Menth 10%/Camph 3%/Cap 0375% 120gm topical cream: 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): 25,28, 111 and 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support Flurbiprofen or Capsaicin in anything greater than a 0.025% formulation for topical use. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbi 25%/Menth 10%/Camph 3%/Cap 0375% 120gm topical cream is not medically necessary.

**Flurbi 25%/ Menth 10%/ Camph 3%/ Cap 0375% 30gm topical cream: 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): 25, 28, 111 and 113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support Flurbiprofen or Capsaicin in anything greater than a 0.025% formulation for topical use. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbi 25%/ Menth 10%/ Camph 3%/ Cap 0375% 30gm topical cream is not medically necessary.