

<b>Case Number:</b>	CM15-0006695		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 31 year old female, who sustained an industrial injury on May 10, 2013, while performing her regular repetitive duties. She has reported elbow pain. The diagnoses have included clerical spine radiculopathy, bilateral upper extremities compression and neuropathy, severe anxiety depression, and left ulnar nerve compression. Treatment to date has included physical therapy, chiropractic manipulation, bracing, and medications. Currently, the injured worker complains of continued low back pain, neck pain, shoulder pain, bilateral wrist pain, and anxiety and depression. The Primary Treating Physician's report dated October 17, 2014, noted the cervical spine tender to palpation. The injured worker was noted to not want cervical epidural steroid injections. Strength of the cervical spine had improved but pain has increased. Recommendation was made to continue the pilo-brace, and hand consultation for bilateral carpal tunnel syndrome and left elbow complaints. Urine toxicology screen was performed. On December 22, 2014, Utilization Review non-certified hand surgery, cubital tunnel surgery, topical creams, Pilo brace, and urine toxicology testing. The UR Physician noted that there was a lack of documentation in the clinical notes that the injured worker had tried and failed exercise, activity modification, medications, and pad/splinting, and in the absence of the information, the request for hand surgery and cubital tunnel surgery was not supported by evidence based guidelines and was non-certified, citing the Official Disability Guidelines (ODG). The UR Physician noted that there was a lack of documentation in the clinical notes that the injured worker had tried a first line therapy such as antidepressants or anticonvulsants, therefore the request for topical creams was not supported by evidence based guidelines and was non-certified,

citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was a lack of documentation that the Pilo brace was to be used in combination with physical therapy, therefore the requested Pilo brace was non-certified, citing the Official Disability Guidelines (ODG). The UR Physician noted that there was lack of documentation that the injured worker was abusing the medication, had addiction, or had poor pain control with the medication prescribed, therefore the request for urine toxicology testing was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 13, 2015, the injured worker submitted an application for IMR for review of hand surgery, cubital tunnel surgery, topical creams, Pilo brace, and urine toxicology testing. Documentation from 12/12/14 noted that the patient was not amenable to surgery and recommendation to halt hand surgery evals. The patient has continued low back pain and underwent IM treatment. Other recommendations included psychiatry evaluation and treatment, refill Xanax, Zanaflex and Ambien. Documentation from 11/17/14 notes that the patient has chronic pain and is taking an antidepressant. Documentation from 11/13/14 noted worsening symptoms related to her chronic pain of the neck and upper extremities. Recommendation was made for topical creams for chronic pain including Flurbiprofen 20% / Capsaicin 1.025%, gabapentin/ketoprofen/tramadol/cyclobenzaprine and terocin patch. The patient is noted to have improvement in function with these medications, as it reduces the pain. Documentation from 11/11/14 notes that the patient has evidence of left carpal tunnel syndrome, bilateral epicondylitis and left cubital tunnel syndrome. Previous electrodiagnostic studies are stated to show evidence of left cubital tunnel syndrome but not left carpal tunnel syndrome. Recommendations included steroid injections to both elbows and continued splinting of wrist and elbow. Initial Orthopedic PQME dated 7/21/14 noted findings consistent with bilateral tennis elbow and left cubital tunnel syndrome and symptomatic bilateral carpal tunnel syndrome. Recommendation is made for conservative management with possible steroid/bracing and consideration for cubital tunnel release if symptoms worsen.

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

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

**Hand Surgery:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 31 year old female with signs and symptoms of possible carpal tunnel syndrome and left cubital tunnel syndrome, who had previously requested hand surgery and left cubital tunnel release. Based on the most recent evaluation by the treating physician, surgical intervention is not needed at this time as the patient 'is not amenable to surgery.' Thus, hand surgery should not be considered medically necessary. From ACOEM page 270: Referral for hand surgery consultation may be indicated for patients who:-Have red flags of a serious nature-Fail to respond to conservative management, including worksite modifications -

Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention.

**Cubital tunnel surgery:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 31 year old female with signs and symptoms of possible carpal tunnel syndrome and left cubital tunnel syndrome, who had previously requested hand surgery and left cubital tunnel release. Based on the most recent evaluation by the treating physician from 12/12/14, surgical intervention is not needed at this time as the patient 'is not amenable to surgery.' Thus, left cubital tunnel release should not be considered medically necessary. From ACOEM page 270:Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention.

**Topical creams:** 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 patient is a 31 year old female with chronic pain of the neck, upper extremities and back. A request had been made for topical creams for treatment. One of the creams recommended was Flurbiprofen 20% / Capsaicin 1.025%. Others included were gabapentin/ketoprofen/tramadol/cyclobenzaprine and a terocin patch. From Chronic pain medical treatment guidelines, page 112, Capsaicin is 'recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although Capsaicin may be indicated, a 1.025% formulation appears outside of the guidelines and should not be considered medically necessary. A second cream requested included Gabapentin. From page 113, Gabapentin is not recommended. There is no peer-reviewed literature to support its use. From page 111, 'Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended.' Thus, the topical cream should not be considered medically necessary.

**Pilo brave:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41, 264.

**Decision rationale:** The patient is a 31 year old female with possible carpal tunnel syndrome and left cubital tunnel syndrome who has been undergoing conservative management. Part of conservative management includes bracing/splinting. From page ACOEM page 264, Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. From page ACOEM page 41, 'nocturnal elbow splinting for ulnar neuropathy' is recommended. A Pil-O splint can be used for carpal tunnel syndrome and cubital tunnel syndrome, and thus, should be considered medically necessary. This is directly recommended by ACOEM. The UR states that there is no documentation that the patient is undergoing physical therapy with splinting of his lateral epicondylitis. However, from the medical records, the splinting is for his left elbow cubital tunnel syndrome and/or carpal tunnel syndrome, which is specifically recommended as reasoned above.

**Urine toxicology testing:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going pain management Page(s): 78.

**Decision rationale:** The patient is a 31 year old female with chronic pain of the neck, upper extremities and back with evidence of recent worsening pain. From Chronic Pain Medical Treatment Guidelines, page 78, 'Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control' is recommended. As documented, the patient has recent worsening of symptoms with an effect on daily activity. It is thus recommended to evaluate with drug screening. Urine toxicology can be helpful to address this. The UR states that there is no evidence that there is poor pain control. Documentation from 11/13/14 supports that there is worsening pain and symptoms. This evaluation does not appear to have been available to the UR. Thus, urine toxicology should be considered medically necessary.