

Case Number:	CM15-0135464		
Date Assigned:	07/23/2015	Date of Injury:	02/12/2014
Decision Date:	09/15/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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 33 year old female who sustained an industrial injury on 02/12/2014. Current diagnoses include head pain, cervical spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain, rule out discogenic disease, bilateral wrist carpal tunnel, bilateral wrist chronic overuse syndrome, bilateral hip strain/sprain versus lumbar radiculitis, bilateral knee strain/sprain versus lumbar radiculitis, bilateral ankle strain/sprain, bilateral foot plantar fasciitis, hypertension, gastrointestinal complaints secondary to medications, sleep disturbances secondary to pain, depression, situational. Previous treatments included medications, physical therapy, acupuncture, shockwave treatments, psychological evaluation and treatment, and wrist splints. Previous diagnostic studies include electrodiagnostic study dated 03/26/2014 noted mild bilateral carpal tunnel syndrome, and cervical spine MRI dated 10/18/2014. Report dated 05/15/2015 noted that the injured worker presented with complaints that included headaches, neck pain, mid/upper back pain, bilateral hip pain, bilateral knee pain, bilateral ankle/foot pain, and numbness in the bilateral wrists. Pain level was 6 (bilateral ankles/feet), 6 (neck), 8 (mid/upper back), 7 (lower back), 6 (right wrist), 7 (left wrist), 8 (right hip, right knee, left hip, and left knee) out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness (grade 2 to 3) in the cervical spine, thoracic spine, lumbar spine, bilateral wrists, bilateral hips, bilateral knees, bilateral ankles, and bilateral feet. There is restricted range of motion in the cervical spine and lumbar spine. Testing performed during the physical examination was positive. The treatment plan included prescribing hypnotherapy, flurbi (nap) cream, wrist braces, and recommendation to undergo left carpal tunnel release surgery. The injured worker was placed on temporary total disability until 06/12/2015. Disputed treatments include Flurbi (NAP) cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release or neuroplasty and/or transposition of the median nerve at carpal tunnel of the 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, Carpal tunnel syndrome, carpal tunnel release surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 33 year old female with signs and symptoms of left carpal tunnel syndrome that has failed conservative management of splinting and medical management. Previous electrodiagnostic studies support a mild left carpal tunnel syndrome. There was not sufficient documentation of a severe condition, including but not limited to thenar atrophy. Therefore, conservative management to include a consideration for a steroid injection is recommended and has not been documented. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, without evidence of a severe condition and that consideration for a steroid injection had not been documented, left carpal tunnel release should not be considered medically necessary.

Associated surgical services: Bilateral wrist braces: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The patient is a 33 year old female with chronic bilateral hand and wrist pain, with possible mild carpal tunnel syndrome bilaterally. Although it appears that previous splinting has not been successful, the request is for a re-fit of the bilateral wrist splints as the existing ones may no longer fit or provide appropriate splinting. As rest and splinting is first line treatment for forearm, wrist and hand complaints and that conservative management of carpal tunnel syndrome includes splinting, a request for re-fitting of her splints should be considered medically necessary. Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of

splinting and medication. The UR review stated that the patient has been wearing splints and does not need further ones. However, the requesting surgeon had documented a clear reasoning for re-fitting of the splints. Therefore, the concern of the UR has been addressed.

Associated surgical service: 4 Hypnotherapy sessions once weekly for 4 weeks for the cervical and lumbar spine, bilateral wrists, bilateral knees, feet and ankles: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hypnotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23.

Decision rationale: The patient is a 33 year old female with chronic pain of the cervical and lumbar spine, bilateral wrists, bilateral knees, feet and ankles. Hypnotherapy was requested. ACOEM addresses behavioral intervention for chronic pain treatment, which could include hypnotherapy. Behavioral interventions recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions) Chronic pain treatment guidelines support an initial behavioral treatment regimen to include 3-4 visits over 2 weeks. Although the request was for over 4 weeks, this should be considered medically necessary given the failure of physical therapy and medical management and that the total number of requests is consistent with the guidelines. Therefore, this should be considered medically necessary. The UR only states that this is not standard of care to treat the patient's pathology. However, as reasoned above, with failure of traditional management of chronic pain, this should be considered.

Associated surgical service: Flurbi (NAP) cream: Upheld

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

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

Decision rationale: The patient is a 33 year old female with chronic pain of the cervical and lumbar spine, bilateral wrists, bilateral knees, feet and ankles. Continued treatment with Flurbi cream was requested. Topical analgesics are addressed in chronic pain treatment guidelines. Topical Analgesics (111-113) recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages

that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic (Mason-BMJ, 2004) See also Capsaicin. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). As stated above from the guidelines, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, an NSAID topical cream (Flurbiprofen) is only recommended for a short course of 4-12 weeks. The patient has noted to have been on this topical medication as early as 1/14/15 and has not shown significant improvement. As one of the compounded products is recommended over a short course and that this has been exceeded, it should not be considered medically necessary.