

<b>Case Number:</b>	CM15-0137030		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 11/01/13, relative to cumulative trauma. Past surgical history was positive for a right elbow cubital tunnel release in 2011. The 6/13/14 electrodiagnostic report findings revealed bilateral carpal tunnel syndrome, right greater than left. The 5/26/15 treating physician report cited complaints of neck, lower back, bilateral shoulder, right wrist, and right hand pain. Right wrist and hand pain were reported 8/10. Pain was aggravated by weather and activity, and relieved with rest and medications. Current medications included Motrin, which reduced her pain from grade 8/10 to 4/10. Cervical spine exam documented decreased range of motion, paraspinal tenderness, positive Spurling's, and decreased strength and decreased dermatomal sensation on the right at C5, C6, C7, and C8. Right wrist exam documented decreased sensation at the median and ulnar aspects, 4/5 grip strength weakness, positive Tinel's sign, and tenderness over the volar aspect of the base of the wrist. The diagnosis included bilateral carpal tunnel syndrome and cervical pain, rule-out herniated disc. Authorization was requested for a right open carpal tunnel release and re-release of right cubital tunnel, topical analgesic cream consisting of 20% Flurbiprofen, 5% Baclofen and 4% Lidocaine 180gm, and Motrin (ibuprofen) 800mg #60. The 6/16/15 utilization review modified the request for right open carpal tunnel release and re-release of right cubital tunnel to a right open carpal tunnel release as there was no corroborating electrodiagnostic evidence of ulnar entrapment, specific functional loss or activity limitation secondary to ulnar nerve entrapment, or evidence of trial and failure of conservative treatment for the elbow. The request for 20% Flurbiprofen, 5% Baclofen and 4% Lidocaine cream 180gm was non-certified as all compound ingredients were no fully guideline supported. The request for Motrin 800 mg #60 was non-certified as there was no documented evidence of efficacy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) Qty. 180gm:** 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:** The California MTUS state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines indicate that topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS guidelines specifically do not recommend baclofen for topical use. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for neuropathic pain and state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Given the absence of guideline support for all components of this product, this compound product is not recommended by guidelines. Additionally, there is no evidence that first line medications and oral medications have been ineffective or not tolerated. Therefore, this request is not medically necessary.

**Motrin (Ibuprofen) 800mg Qty: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 181, 212, 271, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS generally recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs), like Motrin, as first line treatment for neck, shoulder and wrist/hand complaints. Guidelines generally recommend NSAIDs at the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met. This patient presents with persistent neck, shoulder and right hand/arm complaints. Good reduction in VAS scores is documented with the use of Motrin. Given the pending surgery, continuation of NSAIDs at this time is indicated. Therefore, this request is medically necessary.

**Right open carpal tunnel release and re-release of right cubital tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 603-606. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd edition (2004) - pp. 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36-37, 270.

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3 to 6 months of conservative care should precede a decision to operate. Guideline criteria have not been fully met. This injured worker presents with complaints of right wrist and hand pain. Clinical exam findings were consistent with electro diagnostic evidence for right carpal tunnel syndrome. There is limited clinical exam and no electro diagnostic findings that evidence right cubital tunnel syndrome. Additionally, detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right elbow and failure has not been submitted. The 6/16/15 utilization review partially certified the request to allow for a right open carpal tunnel release. There is no compelling rationale to support the medical necessity of additional surgical intervention at this time. Therefore, this request is not medically necessary.