

Case Number:	CM15-0139145		
Date Assigned:	07/29/2015	Date of Injury:	06/11/2012
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 56 year old female, who sustained an industrial injury on 6/11/2012. She reported repetitive use injury of the neck, and upper extremities. The injured worker was diagnosed as having bilateral shoulder sprain and strain, osteoarthritis of shoulder region, hand synovitis and tenosynovitis, carpal tunnel syndrome, medial epicondylitis, lateral epicondylitis, neck sprain, and sprain of thoracic. Treatment to date has included medications, TENS, cervical collar, and electrodiagnostic studies. The request is for right carpal tunnel release with possible flexor tenosynovectomy and or median neurolysis; Ultracid, topical lotion, and therapy. Several pages of the medical records have handwritten information which is difficult to decipher. On 6/26/2014, she reported neck and thoracic spine pain with radiation into the arms down to the fingers in both hands. She has numbness and tingling in the arms and both hands all the time, and weakness in the arms. She has pain in her shoulders, elbows, wrists, and low back. On 2/2/2015, she reported bilateral wrist and neck pain. Her wrists are noted to be tender with decreased sensation, and positive Tinels bilaterally and Phalens on the right. The treatment plan included carpal tunnel release. On 4/14/2015, she reported bilateral wrist pain, and neck pain. She is noted to have guarding and spasm in the neck, positive compression testing, and tenderness in the wrists with positive Tinels and Phalens signs. She is off work. On 6/1/2015, she reported right wrist pain with numbness and tingling. She reported similar symptoms but less severe on the left wrist. She is positive for Tinels and Phalens bilaterally, and tenderness to the wrists. The treatment plan included: refill of Norco, and Ultram, and right carpal tunnel release. She is off work. An electromyogram was reported to have been completed on 4/23/2013 and revealed moderate carpal tunnel syndrome bilaterally, right greater than left. Documentation

from an Agreed Medical Examination dated 6/26/14 notes a recommendation for consideration of right carpal tunnel release. There is some suggestion that a previous right steroid had been recommended but unclear if had ever been performed. Previous splinting had been documented. Documentation from 6/1/15 noted that the patient had right carpal tunnel syndrome that had failed with conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release with possible flexor tenosynovectomy and/or median neurolysis:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264 and 270. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries-State/Local Government Agency, Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery.

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

Decision rationale: The patient is a 56 year old female with signs and symptoms of possible right carpal tunnel syndrome that is supported by electrodiagnostic studies from 2013. Conservative management has included splinting. However, a recent comprehensive conservative management program had not be documented including a steroid injection to the carpal tunnel. From ACOEM, 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, if the requesting surgeon can document a previous response from a steroid injection or reasoning to explain why this was not performed, then this can be reconsidered. Therefore, right carpal tunnel release should not be considered medically necessary.

Ultracid topical lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics, Capsaicin Page(s): 105, 111 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain-Biofreeze Cryotherapy gel.

Decision rationale: The patient is a 56 year old female with documentation of right pain in the setting of possible right carpal tunnel syndrome. A request had been made for a topical analgesic, Ultracin, which is a compounded medication of Menthol 28%, methyl salicylate 10% and capsaicin .025%. Recent oral medications have included Norco and Ultram. From page 105, chronic pain, salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl

salicylate) is significantly better than placebo in chronic pain. From page 112, capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Further from page 111, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants 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, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ACOEM does not specifically address Menthol; however, ODG guidelines state that Menthol is an inactive ingredient in Biofreeze and is only recommended for acute pain treatment in the form of cold therapy. Therefore, Menthol is not supported for use. Based on ACOEM guidelines, if one of the compounding agents is not recommended then the entire compounded agent is not recommended. Thus, Ultracin should not be considered medically necessary.

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Continuous cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.