

Case Number:	CM15-0142099		
Date Assigned:	08/03/2015	Date of Injury:	05/16/2012
Decision Date:	09/15/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 54-year-old female, who sustained an industrial injury on 5-16-12. The injured worker was diagnosed as having left carpal tunnel syndrome, left middle finger tendonitis, left wrist and hand subchondral cyst, cervical sprain-strain with mild herniated disc without myelopathy and hypertension. Treatment to date has included physical therapy, home exercise program, oral medications including Anaprox, Protonix, Gabapentin and a muscle relaxant; topical creams and activity modifications. (EMG) Electromyogram (NCV) Nerve Condition Velocity studies performed on 2-21-15 of bilateral lower extremities revealed no abnormalities. (MRI) magnetic resonance imaging of left wrist performed on 1-14-15 revealed radioulnar joint effusion and subchondral cyst formation. (MRI) magnetic resonance imaging of right elbow performed on 3-10-15 revealed mild lateral epicondylitis. (MRI) magnetic resonance imaging of left elbow performed on 3-9-15 revealed mild lateral epicondylitis. Currently on 6-26-15, the injured worker complains of left wrist and pain with associated numbness and tingling of the fingers as well as interim neck pain, unchanged from previous visit dated 5-29-15. He is currently not working. Physical exam performed on 6-26-15 revealed cervical spine, paracervical, trapezius, supraspinatus muscles and infraspinatus muscle tenderness with decreased range of motion and tenderness and pain of wrist-hand joints with slightly decreased range of motion with moderate to severe pain in left finger with decreased range of motion. The treatment plan included 24 sessions of physical therapy and modality treatments, continuation of home therapy, paraffin bath with supplies, ultrasound unit, heat-cold

unit, orthopedic consultation for left wrist and long finger, urine toxicology screening and continuation of topical compound creams Flurbi and Gabacyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of physical therapy and modality therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: CA MTUS guidelines recommend active therapy over passive therapy for early phase of treatment, followed by a transition to home therapy. Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis; 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis and 24 visits over 16 weeks for reflex sympathetic dystrophy. The injured worker had received physical therapy in the past; however, the number of previous visits is not indicated. The request for 24 visits would appear to exceed the recommended guidelines. The request for 24 physical therapy visits is not medically necessary.

Ultrasound Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic ultrasound Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Therapeutic ultrasound, wrist-hand.

Decision rationale: CA MTUS and ODG guidelines do not recommend ultrasound treatment. Therapeutic ultrasound is one of the most widely and frequently used electro physical agents; however, the effectiveness of use for treating pain, soft tissue lesions and musculoskeletal injuries remains questionable. The request for an ultrasound unit is not medically necessary.

Heat & Cold Unit: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation cryotherapy.

Decision rationale: CA MTUS is silent regarding Hot-cold unit (cryotherapy). Cold packs are recommended per ODG guidelines. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. There is no documentation that the IW had used hot or cold packs at home and the outcome of such therapy.

The purchase of a hot/cold unit is not indicated without documentation of failure of more conservative therapy.

Pantoprazole Tab 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal complaints and cardiovascular risks Page(s): 68-69.

Decision rationale: According to CA MTUS (2009), (PPI) Proton Pump Inhibitor, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented gastrointestinal (GI) distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age greater than 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose-multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Bio Gloves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CTS - gel padded glove.

Decision rationale: Per ACOEM guidelines, 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. Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Documentation shows that the IW already has wrist braces and guidelines do not support gloves for CTS. The request is not medically necessary.

Flurbi (Nap) Cream 180gm (Flubiprofen 20%, Lidocaine 5%, Amitriptyline 5%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, topical analgesics Page(s): 60, 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate.

Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. There is no good medical reason to initiate multiple agents simultaneously, as has occurred in this case, as this makes assessment of benefits and side effects for each agent problematic or impossible. In this case, there is no documentation provided necessitating Flurbi 20% cream. There is no documentation of intolerance to other previous medications. Flurbi cream consists of Flurbiprofen, Lidocaine and Amitriptyline. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Lidocaine is not recommended for topical application except as a Lidoderm patch for treatment of neuropathic pain. Amitriptyline is not FDA approved for topical use. Medical necessity for the requested Flurbi 20% cream has not been established. The requested treatment is not medically necessary.

Gabacyclotram 180gm (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%): Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent is Gabacyclotram 180gm (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%). Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin is not recommended as a topical agent per CA MTUS Guidelines and Tramadol is not FDA approved for a topical application. Medical necessity for the requested topical analgesic cream has not been established. The request for the compounded topical analgesic cream is not medically necessary.