

Case Number:	CM15-0187295		
Date Assigned:	09/29/2015	Date of Injury:	09/29/2011
Decision Date:	11/18/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with a date of injury on 09-29-2011. The injured worker is undergoing treatment for right long finger stenosing tenosynovitis, right carpal tunnel syndrome, and right shoulder chronic pain with loss of range of motion and weakness. Comorbid diagnoses include diabetes, hypertension, and gastroesophageal reflux disease. A physician progress note dated 07-30-2015 documents the injured worker the injured worker has pain and weakness in both hands, and his hands fall asleep and he has pain in his right shoulder. The median nerve compression test, Tinel's sign, and Phalen's test on the right were all positive. He has decreased sensation to light touch at the left median nerve distribution. He has mild to moderate tenderness to the right thenar eminence. The Electromyography and Nerve Conduction Velocity study of the bilateral upper extremities done on 07-31-2015 revealed a normal Electromyography of the upper extremities. The Nerve Conduction Velocity study showed evidence of the presence of a mild to moderate primary sensory and motor demyelinating neuropathy of a bilateral carpal tunnel syndrome, left is mild and right is mild to moderate. The findings are suggestive of a sensory right ulnar neuropathy at the wrist level consistent with the presence of right Guyon's canal entrapment of a mild to moderate nature. He is working regular duties. Current medications include Lunesta, Protonix, Fexmid and Tramadol. Treatment to date has included diagnostic studies, medications, 36 physical therapy sessions, cortisone injection to the right long finger, diagnostic arthroscopy of the right shoulder, arthroscopic subacromial decompression, distal clavicle excision, arthrosis topical lysis of adhesions and capsular release, arthroscopic biceps tendon release and hernia surgery. The Electromyography and Nerve

Conduction Velocity study of the bilateral upper extremities done on 07-31-2015 revealed a normal Electromyography of the upper extremities. The Nerve Conduction Velocity study showed evidence of the presence of a mild to moderate primary sensory and motor demyelinating neuropathy of a bilateral carpal tunnel syndrome, left is mild and right is mild to moderate. The findings are suggestive of a sensory right ulnar neuropathy at the wrist level consistent with the presence of right Guyon's canal entrapment of a mild to moderate nature. The Request for Authorization includes urine drug screen without Suboxone was certified on 08-19-2015. On 08-19-2015 Utilization Review non-certified the request for Amitriptyline Hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 0.2% in cream base 240gm (HNPCI), Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in cream base 240gm (HMPC2), and Tramadol extended release 150mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for osteoarthritis.

Decision rationale: MTUS recommends consideration of a weak opioid, such as Tramadol, when initiating treatment with opioids. In this case such a weak opioid is indicated in order to avoid risks or dependency of stronger opioids and to reduce the risk of GI complications of NSAIDs. Contrary to a prior physician review, the 4 As of opioid management have been met. Therefore this request is medically necessary.

Amitriptyline Hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 0.2% in cream base 240gm (HNPCI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover MTUS specifically does not recommend Gabapentin for topical use. This request is not medically necessary.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in cream base 240gm (HMPC2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover MTUS specifically does not recommend Baclofen for topical use. This request is not medically necessary.