

<b>Case Number:</b>	CM15-0188852		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/30/2006
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 65-year-old female who reported an industrial injury on 1-30-2006. Her diagnoses, and or impressions, were noted to include: persistent right carpal tunnel syndrome, status-post carpal tunnel release (2006); "CMC" joint inflammation of the right thumb, with persistent symptomatology post injections x 2; bilateral knee internal derangement; left knee tricompartmental arthritis, and bone-on-bone; and chronic pain syndrome versus weight gain, depression and sleep disorder. The history noted the accepted body parts to be for the bilateral knees and right wrist, and objection to the left wrist. No current x-rays, electrodiagnostic or imaging studies were noted; magnetic resonance imaging studies of the left knee were done on 5-14-2014, noting abnormal findings; and of the right wrist (10-2014). Her treatments were noted to include electrodiagnostic studies (3-2012); Synvisc injections to the bilateral knees; Hyalgan injection both knees (2015); Donjoy braces for the knees; thumb Spica splint, carpal tunnel brace, and soft right wrist brace; psychiatric evaluation; trans-cutaneous electrical stimulation unit therapy; medication management; and rest from work as she was noted retired. The progress notes of 8-27-2015 reported: coverage for both knees and the right wrist; that she stopped working in 2007; use of a seated walker, as opposed to her normal use of a scooter; the use of a judicious amount of Norco due to the inability to get Cymbalta for over 1 year; quite a bit of difficulty, left knee right; need for assistance with chores and getting out-of-bed due to lack of independence; depression and weight gain of 47 pounds; and the recurrence of thumb problem. The objective findings were noted to include the ability to walk 10-15 steps; tenderness along the carpal tunnel area at the base of the thumb with enlargement of the joint; and tenderness

along the joint line medially and laterally along the knee, with weakness to the resisted function of range-of-motion. The physician's requests for treatment were noted to include: Trazadone 50 mg, #60; Flexeril 7.5 mg, #60; Topamax 50 mg, #60; Voltaren Gel 1%; 3 tubes; 12 sessions of therapy for her thumb and hand; and a conductive garment for her trans-cutaneous electrical stimulation unit. The Request for Authorization, dated 8-27-2015, was noted to include: stimulation conductive garment; physical therapy 12 sessions, for her thumb and hand; Trazadone 50 mg, #60; Flexeril 7.5 mg, #60; Topamax 50 mg, #60; Voltaren gel 1%, 3 tubes; Celebrex 200 mg generic, #30; Lunesta 2 mg, #30; and Ultracet "37.5" mg, #60. The Utilization Review of 9-4-2015 non-certified the request for: Trazadone 50 mg, #60; Flexeril 7.5 mg, #60; Topamax 50 mg, #60; Voltaren 1% Gel, 3 tubes; Lunesta 2 mg, #30; Ultracet 7.5 mg, #60; Celebrex 200 mg, #30; physical therapy for the thumb and hand, #12; and conductive garment for trans-cutaneous electrical stimulation unit (indefinite use), #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trazadone 50mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The patient has chronic neuropathic pain from her carpal tunnel syndrome. In addition, she has a chronic pain syndrome. MTUS supports anti-depressants as an initial treatment for chronic pain. Therefore, the request is medically necessary.

**Flexeril 7.5mg, #60: 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): Muscle relaxants (for pain).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient does not have a diagnosis of low back pain. She does not objective documentation of muscle spasm. The request is not supported by MTUS. Therefore, the request is not medically necessary.

**Topamax 50mg, #60: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants, which are recommended for neuropathic pain (pain due to nerve damage). The patient has undergone carpal tunnel release but continues to have neuropathic pain. MTUS supports anti-epilepsy drugs for neuropathic pain. Topamax is medically necessary to treat the residual carpal tunnel pain.

**Voltaren 1% gel (tubes) #3: 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:** According to the Chronic Pain Medical Treatment Guidelines, the efficacy of non-steroidal anti-inflammatory agents (NSAIDs) in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS indicates limited efficacy for topical NSAIDs. Voltaren gel is a topical NSAID that the patient is using for her thumb pain. MTUS does not support topical NSAIDs. Therefore, the request is not medically necessary.

**Lunesta 2mg, #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation New Developments in Insomnia Medications of Relevance to Mental Health Disorders. Krystal AD. Psychiatr Clin North Am. 2015 Dec;38(4):843-60.

**Decision rationale:** The MTUS and ACOEM Guidelines do not address Lunesta. This medication is used to aid sleeping. The records do not document a sleep study, an evaluation by a sleep specialist or an assessment of the patient's response to this medication. For these reasons, the request is not medically necessary.

**Ultracet 7.5mg, #60:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultracet is Tramadol and acetaminophen. The patient is already taking chronic opiates, and MTUS does not support chronic opiates. In addition, MTUS does not support Tramadol as a first line treatment. Therefore, the request is not medically necessary.

**Celebrex 200mg, #30:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs for osteoarthritis (including knee and hip) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. MTUS supports only short-term treatment with NSAIDs. The patient has been on multiple medications including chronic use of NSAIDs. The guidelines are exceeded. Therefore, the request is not medically necessary.

**Physical therapy for thumb and hand (12-sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand.

**Decision rationale:** According to the Official Disability Guidelines, the amount of physical therapy for joint pain is 9 visits over 8-weeks. The patient has chronic thumb pain. She has already had two injections. Her diagnosis is osteoarthritis. The request for 12 visits exceeds the guidelines and is not medically necessary.

**Conductive garment for TENS unit (indefinite use):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy, is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. The request is for indefinite use of a TENS unit, but the records do not document the results of a one month trial of a TENS unit. The patient has chronic pain but the efficacy of the interventions is not well documented in the records. Therefore, the request is not medically necessary.