MAXIMUS Federal Services

Case Number:	CM15-0189116		
Date Assigned:	10/01/2015	Date of Injury:	02/01/2012
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	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: 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 56 year old female, who sustained an industrial injury on 2-1-2012. The injured worker is undergoing treatment for: carpal tunnel syndrome, bilateral de Quervain's disease, left elbow pain. On 6-11-15 and 8-7-15, she reported limited movement of her fingers of bilateral hands, electrical sensation to the fingers and hands, dropping objects, pain shooting up the neck and back from the right hand, pinching in the wrists and elbows, swelling of her hands, weakness of the upper extremities, pain radiation from left hand up to the shoulder, bilateral ankles and knees swelling, pressure on top of the head. Physical findings revealed decreased range of motion to the left fingers and thumb, and decreased range of motion of the right fingers, decreased hypersensitivity of the right upper extremity. The records do not discuss the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: cortisone injection for right de Quervains (11-9-12), cortisone injection for right lateral epicondylitis (10-12-12), medications, electrodiagnostic studies (5-22-14), magnetic resonance imaging of the left knee (date unclear), magnetic resonance imaging of the right knee (date unclear). Medications have included: Lunesta, Tramadol, and Voltaren, Protonix, and transdermal creams. The records indicate she has been utilizing opioids and non-steroidal anti-inflammatory drugs since at least March 2015, possibly longer. Current work status: reported as unchanged, off work. The request for authorization is for: Flurbiprofen 20 percent-baclofen 10 percent-dexamethasone micro 0.2 percent-hyaluronic acid 0.2 percent, 240 grams; Tramadol ER 150mg quantity 30; urine drug

screen; acupuncture 2 times a week for 6 weeks (right upper extremity). The UR dated 8-27-2015: non-certified Flurbiprofen 20 percent-baclofen 10 percent-dexamethasone micro 0.2 percent-hyaluronic acid 0.2 percent, 240 grams; certified Tramadol ER 150mg quantity 30; non-certified urine drug screen; modified certification of acupuncture, an initial trial of 6 visits for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acie 0.2% in cream base, 240 gm: Upheld

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): Topical Analgesics.

Decision rationale: The patient presents with pain in the bilateral upper extremities. The request is for FLUORBIPROFEN 20%, BACLOFEN 10%, DEXAMETHASONE MICRO 0.2%, HYALURONIC ACID 0.2% IN CREAM BASE, 240GM. Physical examination to the bilateral upper extremities on 08/07/15 revealed poor range of motion of the digits in both hands, and tenderness to palpation to the right upper extremity. Per 06/11/15 progress report, patient's diagnosis include s/p right-sided fall on an outstretched hand, right chronic regional pain syndrome II, right > left carpal tunnel neuropathy median nerve, right > left neuropathy ulnar nerve Guyon's canal and cubital tunnel, right > left chronic bilateral wrist pain: diffuse nonspecific, right de Quervain's disease s/p cortisone injection x 1 on 11.09.12, right lateral epicondylitis s/p cortisone injection x 1 on 10.12.12, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, left de Quervain's disease, left lateral epicondylitis, and Gabapentin: numerous very significant side effects. Patient's medication, per 05/01/15 progress report includes Tramadol. Per 08/07/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: "Non-steroidal antinflammatory agents (NSAIDs): The efficacy 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 further states, Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treater does not discuss this medication. Review of the medical records provided does not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Hyaluronic

acid which is not discussed in any of the guidelines for topical use, and Baclofen, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.

Urine drug screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Urine Drug Testing.

Decision rationale: The patient presents with pain in the bilateral upper extremities. The request is for URINE DRUG SCREEN. Physical examination to the bilateral upper extremities on 08/07/15 revealed poor range of motion of the digits in both hands, and tenderness to palpation to the right upper extremity. Per 06/11/15 progress report, patient's diagnosis include s/p right- sided fall on an outstretched hand, right chronic regional pain syndrome II, right > left carpal tunnel neuropathy median nerve, right > left neuropathy ulnar nerve Guyon's canal and cubital tunnel, right > left chronic bilateral wrist pain: diffuse nonspecific, right de Quervain's disease s/p cortisone injection x 1 on 11.09.12, right lateral epicondylitis s/p cortisone injection x 1 on 10.12.12, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, left de Quervain's disease, left lateral epicondylitis, and Gabapentin: numerous very significant side effects. Patient's medication, per 05/01/15 progress report includes Tramadol. Per 08/07/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines 2009, for Drug Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The treater has not discussed this request. Review of the medical records provided indicates that the patient had been utilizing Tramadol since at least 03/06/15. There were no records of prior urine drug tests. ODG states that an annual screening is sufficient for chronic opiate use in low risk patients. The request appears to be reasonable and is within the guideline recommendations and therefore, IS medically necessary.

Acupuncture, right upper extremity, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain in the bilateral upper extremities. The request is for ACUPUNCTURE, RIGHT UPPER EXTREMITY, 2 TIMES WEEKLY FOR 6

WEEKS, 12 SESSIONS. Physical examination to the bilateral upper extremities on 08/07/15 revealed poor range of motion of the digits in both hands, and tenderness to palpation to the right upper extremity. Per 06/11/15 progress report, patient's diagnosis include s/p right-sided fall on an outstretched hand, right chronic regional pain syndrome II, right > left carpal tunnel neuropathy median nerve, right > left neuropathy ulnar nerve Guyon's canal and cubital tunnel, right > left chronic bilateral wrist pain: diffuse nonspecific, right de Quervain's disease s/p cortisone injection x 1 on 11.09.12, right lateral epicondylitis s/p cortisone injection x 1 on 10.12.12, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, left de Quervain's disease, left lateral epicondylitis, and Gabapentin: numerous very significant side effects. Patient's medication, per 05/01/15 progress report includes Tramadol. Per 08/07/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/ Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. The treater has not discussed this request. Review of the medical records provided did not indicate prior acupuncture treatments this patient may have had. The patient continues with pain in the right upper extremity and a short course of acupuncture treatment would be indicated. However, the request is for 12 sessions of acupuncture which exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.