

Case Number:	CM15-0195085		
Date Assigned:	10/08/2015	Date of Injury:	04/02/2015
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Anesthesiology

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 male, who sustained an industrial injury on April 2, 2015. He reported pain, weakness, swelling, stiffness, numbness and tingling in his left hand. The injured worker was diagnosed as having left hand zone 3 flexor digitorum sublimis and flexor digitorum profundus tendon laceration to middle finger and left middle finger digital nerve versus common digital nerve lacerations. Treatment to date has included diagnostic studies, splint, therapy and medication. On August 27, 2015, the injured worker complained of burning left hand and finger pain with muscle spasms. He also complained of weakness, numbness, tingling and pain radiating to the hand and fingers. The pain was rated as a 6-7 on a 1-10 pain scale. He was noted to be status post left wrist laceration and surgery with residual pain. The pain was aggravated by gripping, grasping, reaching, pulling and lifting. He reported that medications offer him temporary relief of pain and improve his ability to have restful sleep. Physical examination of the left wrist, hand and finger revealed a well-healed surgical scar on the left wrist and tenderness to palpation over the scar and at the carpal tunnel. Left wrist range of motion was flexion 40 degrees, extension 40 degrees, radial deviation 15 degrees and ulnar deviation 10 degrees. Tinel's was positive of the left wrist. The treatment plan included medication, physical therapy, acupuncture and referral for a functional capacity evaluation. On September 16, 2015, utilization review denied a request for one urine drug screen, HMPC2-Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240 gm, HNPC1-Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gm and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

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) Urine Drug Testing (UDT).

Decision rationale: According to the CA MTUS, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The CA MTUS Guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. According to the ODG, urine drug testing (UDT) is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. UDT is not generally recommended in an acute treatment setting (i.e. when opioids are required for nociceptive pain). It is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic substitution. There is no documentation that the patient is indicated to be anything other than a low risk to require testing. Medical necessity of the requested service has not been established. The requested urine test is not medically necessary.

HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication contains: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2%. Flurbiprofen, a non-steroid anti-inflammatory drug (NSAID), indicated for use for osteoarthritis and tendinitis, particularly in the knee, elbow, or other joints that are amenable to topical treatment, not recommended for neuropathic pain. There are no clinical studies to support the safety or

effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Flurbiprofen is not FDA approved for topical application, therefore the compound is not recommended. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.

HNPC1 - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240gm: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic compound contains: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2%. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use. Medical necessity for the requested topical compounded medication has not been established. The requested topical analgesic compound is not medically necessary.

Functional capacity evaluation: 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), Fitness for duty - Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no

documentation that any of the above conditions are present, which would be requiring the completion of an FCE. There are no specific indications for an FCE. Medical necessity for the requested service has not been established. The requested service is not medically necessary.