

<b>Case Number:</b>	CM15-0197877		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 60 year old male with an industrial injury date of 06-28-2013. Medical record review indicates he is being treated for cervical spine pain with radiculitis, bilateral shoulder strain-sprain, bilateral shoulder tendinosis, rule out left shoulder internal derangement, bilateral elbow strain-sprain, bilateral wrist strain-sprain, left wrist tear for extensor carpi ulnaris tendon and triangular fibrocartilage, complex tear and depression. Subjective complaints (08-13-2015) included pain in the neck, bilateral shoulders, bilateral elbows and pain and numbness in bilateral wrists. The injured worker rated the neck and left shoulder pain as 8 out of 10 "which has remained the same since his last visit", 6 out of 10 in the right shoulder "which has decreased from 8 out of 10 on his last visit" and 7 out of 10 in the bilateral elbows and left wrist "which has remained the same since his last visit" and 6 out of 10 in the right wrist "which has remained the same since his last visit." The injured worker indicated that physical therapy helped decrease his pain and tenderness and indicated that his function and activities of daily living have improved by 10% with physical therapy. Work status is documented as temporary total disability (08-13- 2015.) Prior treatments included wrist brace, Ibuprofen, physical therapy (at least 6 sessions) and acupuncture. The treating physician noted " "The trials of rest, time off work, therapy, medications and all other conservative methods have failed." His medications included Mobic (08-13-2015). Physical exam (08-13-2015) noted grade 3 tenderness to palpation over the paraspinal muscles of the cervical spine with restricted range of motion. Bilateral shoulder exam noted tenderness to palpation over the right shoulder "which has decreased from grade 3 on the last visit," and grade 3 tenderness to palpation over the left shoulder. Impingement and supraspinatus tests were positive. Bilateral elbows were tender

to palpation and bilateral wrist revealed grade 2 tenderness to palpation over the right wrist." The most recent drug screen in the submitted records is dated 04-20-2015. All medications were noted to be "not detected." No regular medications were noted on the report. On 09-14-2015 utilization review issued the following decisions for the requested treatments: Urine toxicology screening non-certified; Post-operative physical therapy, 3 times a week for 4 weeks, for the left wrist non-certified; Left wrist arthroscopic surgery with triangular fibrocartilage complex debridement non-certified; Flurbi (NAP) cream-LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180 g non-certified; Continued physical therapy, 3 times a week for 4 weeks, for the left wrist modified to 10 physical therapy visits to the left wrist; Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180 g non-certified.

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

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

**Left wrist arthroscopic surgery with triangular fibrocartilage complex debridement:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In this case the exam notes do not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition there is no clear surgical lesion on MRI to warrant surgical care. Therefore the request is not medically necessary.

**Post-operative physical therapy, 3 times a week for 4 weeks, for the left wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Flurbi (NAP) cream-LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180g:** 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, pages 111 and 112 largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended.

**Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180g: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, pages 111 and 112 largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary. Bryson, Evan, et al. "Skin Permeation and Antinociception of Compounded Topical Cyclobenzaprine Hydrochloride Formulations." International Journal of Pharmaceutical Compounding 19.2 (2015): 161.

**Urine toxicology screening: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction, the following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case, there is a prior urine

toxicology with no evidence of narcotics, indicating misuse. Continued use of urine toxicology is indicated to prevent abuse. Therefore this request is medically necessary.

**Continued physical therapy, 3 times a week for 4 weeks, for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks In this case, the worker is admittedly no better after OT for the wrist. There is no indication that additional therapies will have a functional benefit. The request is not medically necessary.