

Case Number:	CM15-0199001		
Date Assigned:	10/14/2015	Date of Injury:	11/15/2012
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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 54-year-old female, with a reported date of injury of 11-15-2012. The diagnoses include bilateral hands diffuse synovitis, bilateral upper extremity overuse syndrome, chronic cervical strain with degenerative changes, and bilateral wrist paresthesia, rule out carpal tunnel syndrome. Treatments and evaluation to date have included physical therapy, Voltaren, Protonix, Norco (since at least 01-2015), Motrin, and occupational therapy. The diagnostic studies to date have included an X-ray of the left hand on 05-11-2015 which showed erosive osteoarthritis; and electrodiagnostic studies of the bilateral upper extremities on 02-22-2013 which showed entrapment neuropathy of the median nerve at the right wrist with mild to moderate carpal tunnel syndrome. The progress report dated 09-10-2015 indicates that the injured worker had persistent pain in the neck, which was rated 5-6 out of 10, which radiated down the arms, worse on the right hand. She also complained of pain in the right hand, which was rated 6-7 out of 10, and left hand pain, rated 5-6 out of 10. The injured worker's pain ratings were reported on 08-31-2015 to 09-10-2015. It was noted (08-31-2015 to 09-10-2015) that the Norco helped the injured worker's pain, decrease from a rating of 7-8 out of 10 to 4-5 out of 10. The injured worker was not currently working. The objective findings include decreased cervical range of motion; positive left cervical compression test, positive left Spurling's test, decreased sensation along the left upper arm, decreased deep tendon reflexes of the left biceps, decreased sensation at C5, C6, C7, and C8 on the left, positive Tinel's on the left, decreased range of motion of the left wrist, decreased sensation over the medial aspect of the left wrist, and weak grip strength of the left wrist. The treatment plan included left endoscopic carpal tunnel release, topical cream to control pain and wean the injured worker from the Norco, and a prescription for Norco, 1 tablet every 8 hours as needed. The treating physician stated that there were no signs of abuse, overuse, or

adverse reactions. The injured worker's work status was noted as temporarily totally disabled. She has been instructed to remain off work until 10-05-2015. The request for authorization was dated 09-23-2015. The treating physician requested Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180 grams, a urine toxicology screen, Norco 10-325mg #90, and left endoscopic carpal tunnel release. On 09-30-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180 grams, a urine toxicology screen, Norco 10-325mg #90, and left endoscopic carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/baclofen/lidocaine/menthol cream (20%/5%/4%/4%) 180gm: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 is 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.

Associated surgical service: Urine toxicology 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 Chapter (updated 09/08/2015) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid 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. 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 insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. The request is not medically necessary.

Norco (hydrocodone 10/325mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of increase in activity due to medications. Therefore, the request is not medically necessary.

Left endoscopic carpal tunnel release: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to evaluation for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, "Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." In this case the carpal tunnel is mild by EMG. Surgery is not recommended by guidelines. The request is not medically necessary.