MAXIMUS Federal Services

Case Number:	CM15-0201154		
Date Assigned:	10/16/2015	Date of Injury:	10/18/2011
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 43-year-old female who sustained an industrial injury on 10-18-2011. Diagnoses have included mild borderline and partially treated right wrist carpal tunnel syndrome with confirmed diagnosis through electromyography and nerve conduction velocity study performed 8-17-2015. Documented treatment includes physical therapy, 3-4 acupuncture treatments in 2011 with unspecified response to treatment, modified duty, injections, Motrin, pain cream "helpful in reducing sequelae arising from injury," and there are three acupuncture notes provided in the medical records dated 8-10-15, 8-14-15, and 8-21-2015 stating, "improving." On 8-20-2015 the injured worker complained of frequent bilateral wrist and hand pain rated at 8 out of 10 on a visual analog scale, and bilateral elbow pain with the right being worse, rated at 5 out of 10, radiating to the wrists. She also noted that her thumbs, first and third fingers were swollen, and the symptoms had been interfering with sleep. The objective examination showed bilateral wrist tenderness, positive Phalen's, and normal range of motion. In the 7-9-2015 note it is stated that the injured worker has been having difficulty with personal care, work activities including typing and writing, and performing light household duties due to symptoms. At that visit, the physician prescribed TGIce and Flurbiprofen. The treating physician's plan of care includes a request for authorization submitted 8-20-2015 for 12 acupuncture treatments which were modified to 6 visits; and refills of TGice: tramadol, gabapentin, menthol, camphor; and, Flurbiprofen 20 percent which were both denied on 9-17-2015. The injured worker continues to work modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and Carpal Tunnel Syndrome, Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding any trial of acupuncture, which would be appropriate to determine efficacy and to observe any decrease in pain medication from acupuncture treatments. In addition, ODG does not recommend acupuncture for carpal tunnel syndrome. ODG states "Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control." As such, the request for Acupuncture treatment, 2 times weekly for 6 weeks is deemed not medically necessary.

TGIce (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As stated above if any component of a compound cream is not recommended the product cannot be recommended. As such, the request for TGIce is deemed not medically necessary.

Flurbiprofen 20%: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS states; "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Further, this request is for treatment of neuropathic pain for which, per MTUS, is not an indication for topical NSAIDs. As such, Flurbiprofen would not be indicated for topical use in this case and is deemed not medically necessary.