

Case Number:	CM15-0020133		
Date Assigned:	02/09/2015	Date of Injury:	11/12/2013
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 41 year old female who has reported the gradual onset of neck and upper extremity pain attributed to usual work activity, with a listed injury date of 11/12/2013. The current diagnoses are discogenic cervical condition, "medial tunnel inflammation", cubital tunnel syndrome, scaphotrapeziotrapezoid joint inflammation, and carpometacarpal joint pain. Treatment has included splints, physical therapy, ergonomic changes, and chiropractic. The treating physician was changed to an orthopedic surgeon in later 2014. The current primary treating physician has been seeing this injured worker since 12/15/14. The qualified medical examination (QME) in 2014 did not find any neurological changes, and diagnosed tenosynovitis at the wrist and cervical strain. Per the evaluation on 12/15/14, there was ongoing neck and wrist pain with no neurological symptoms. Physical findings were notable for neck tenderness, no neurological changes, wrist tenderness, basal thumb tenderness, and no signs of carpal tunnel syndrome. The treatment plan included the items now under Independent Medical Review (IMR). The IMR application listed one of the requested braces as a "carpal tunnel brace". Per the PR2 of 1/20/15, there were no signs of carpal tunnel syndrome. The wrist was tender. The treatment plan included physical therapy, MRI, electrodiagnostic testing, multiple medications, splints, and regular work. On 1/6/2015, Utilization Review referred to an office visit of 12/15/14, and non-certified a carpal tunnel brace X 2, soft wrist brace X 2, EMG/NCS bilateral upper extremities, AP/lateral x-ray bilateral wrists, cervical traction with air bladder, cervical pillow, transcutaneous electrical nerve stimulation (TENS) unit, conductive garment for TENS unit,

Flexeril 7.5 #60, Lidopro lotion 4 ounces, and Terocin patches #20. Nalfon and tramadol were certified. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel brace, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-5.

Decision rationale: Neither the QME nor the current primary treating physician provided evidence of carpal tunnel syndrome. There is therefore no need for a brace to treat carpal tunnel syndrome. The treating physician has not provided other indications for this brace or discussed the specific nature and indications for the brace. The cited guidelines recommend a brace for carpal tunnel syndrome, but the necessary findings of carpal tunnel syndrome are not present. The brace is not medically necessary based on the stated diagnosis/indication and the MTUS.

Soft wrist brace, quantity of two: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 264, 272.

Decision rationale: The cited guidelines suggests splinting or "limit motion" for ligament and tendon strains. Prolonged splinting is not recommended. The splints in question are not a continuation of chronic splinting and may be used for short periods. The splints are medically necessary per the MTUS. The Utilization Review determination is overturned, as the MTUS was not considered adequately in the context of this particular injured worker.

EMG of the upper bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 268 and 272.

Decision rationale: There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The guidelines cited above recommend an

EMG for diagnosis of a radiculopathy, and an NCV for diagnosis of a peripheral neuropathy. The specific criteria for these conditions are discussed in this guideline. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. There is no evidence of radiculopathy, and therefore no need for an EMG. There are no signs of peripheral neuropathy, such as carpal tunnel syndrome, and therefore no need for an NCV. Based on the current clinical information and the guideline recommendations, there is not sufficient medical necessity for electrodiagnostic testing.

NCV of the upper bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 268 and 272.

Decision rationale: There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthasias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The guidelines cited above recommend an EMG for diagnosis of a radiculopathy, and an NCV for diagnosis of a peripheral neuropathy. The specific criteria for these conditions are discussed in this guideline. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. There is no evidence of radiculopathy, and therefore no need for an EMG. There are no signs of peripheral neuropathy, such as carpal tunnel syndrome, and therefore no need for an NCV. Based on the current clinical information and the guideline recommendations, there is not sufficient medical necessity for electrodiagnostic testing.

X-ray AP/lateral bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254-258, 268-269.

Decision rationale: The ACOEM Guidelines pages 254-258 list the criteria for examining the hand and wrist. The necessary components of the examination are not present. The specific historical details of any wrist symptoms are not described sufficiently. Per Page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. Specific care for the wrist was not described adequately. The treating physician has not provided sufficient indications for any imaging test, as no specific indications were discussed. The wrist and hand radiographs are not medically necessary based on the lack of sufficient indications and the cited guidelines.

Cervical traction with air bladder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain section, updated, Page 187, Traction

Decision rationale: The ACOEM Guidelines 2nd Edition do not support traction for neck conditions. On Chapter 8, Page 181 cervical traction is "Not Recommended". In the ACOEM Guidelines, Chronic Pain section, updated, Page 187, "traction and other decompressive devices" are stated to be not effective and are not recommended. Cervical traction is therefore not medically necessary.

Cervical pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Pillow

Decision rationale: The MTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. The pillow as prescribed, as a stand-alone treatment, is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

Conductive garment for TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: As the TENS unit is not medically necessary, none of the associated equipment is necessary as well.

Flexeril 7.5 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants; medication trials Page(s): 63-66; 60.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for cyclobenzaprine, it is not medically necessary on this basis at minimum. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Lidopro lotion, 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include capsaicin, lidocaine, menthol, and methyl salicylate. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the

MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical agents prescribed are not medically necessary based on the MTUS, and lack of medical evidence.

Terocin patches, twenty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: December 5, 2006 FDA Alert, FDA Warns Five Firms To Stop Compounding Topical Anesthetic Creams

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Topical lidocaine in the form of the Lidoderm patch is indicated for neuropathic pain (which is not present in this case). Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available over the counter (OTC) may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula prescribed is not clear. The treating physician has prescribed two products which each contain capsaicin and lidocaine, which is redundant and possibly toxic. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, and FDA directives.