Case Number:	CM15-0025341		
Date Assigned:	02/17/2015	Date of Injury:	12/21/2004
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 12/21/2004. She has reported pain in the bilateral forearms/wrists. The diagnoses have included bilateral carpal tunnel syndrome s/p bilateral carpal tunnel release. Treatment to date has included medications, acupuncture sessions, and home exercise program. Medications have included Anaprox, Tylenol #4, and Ultracin lotion. Currently, the injured worker complains of continued pain in the bilateral forearms/wrists with numbness and tingling; pain is rated at 7/10 on the visual analog scale; increased symptoms with gripping, pushing, and pulling activities; and decreased pain with rest, medications, and home exercise program. A progress report from the treating physician, dated 01/26/2015, included objective findings consisting of tenderness of the bilateral forearms/wrists; positive Tinel's/Phalen's tests, right greater than left; and positive Finkelstein's left greater than right. The treatment plan included completing the remaining sessions of acupuncture treatments; and requests for prescription medications, random urine drug screen, right carpal tunnel injection under ultrasound guidance, and left De Quervain's injection under ultrasound guidance.On 02/05/2015 Utilization Review noncertified a prescription for Ultracin lotion; noncertified a prescription for Anaprox DS 550 mg quantity 60; noncertified a prescription for Random urine drug screen; modified a prescription for Right carpal tunnel injection under ultrasound guidance, to a Right carpal tunnel injection; and modified a pre-scription for Left De Quervain's injection under ultrasound guidance, to a Left De Quervain's injection. The CA MTUS, ACOEM Guidelines and the ODG were cited. On 02/10/2015, the injured worker submitted an application for a prescription for Ultracin lotion; a prescription for

Anaprox DS 550 mg quantity 60; a prescription for Random urine drug screen; a prescription for Right carpal tunnel injection under ultrasound guidance; and a prescription for Left De Quervain's injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medication Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option. They are 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. many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ultracin is composed of methyl salicylate, menthol and capsaicin. Per the MTUS, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. A review of the injured workers medical records do not show a failed trial of other recommended first line therapy and therefore based on the guidelines the request for Ultracin lotion is not medically necessary.

Anaprox DS 550mg quantity 60: Overturned

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen particularly for patients with moderate to severe pain. There is no evidence to recommend one drug class over another based on efficacy. A review of the injured workers medical records show that she is responding to her current treatment regimen which includes Anaprox without any complaints of side effects. There does not appear to be a reason to discontinue Anaprox at this time and therefore based on the injured workers clinical presentation and the guidelines the request for Anaprox DS 550 mg, quantity 60, is medically necessary.

Random urine drug screen: 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), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Urine drug screen.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, however the MTUS did not address frequency of drug testing therefore other guidelines were consulted. Per the ODG Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. See Opioids, tools for risk stratification & monitoring. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. However a review of the injured workers medical records that are available to me does not show evidence of risk stratification in this injured worker and it is therefore difficult to assess the medical necessity of the requested urine drug screen. There is no documentation of co-morbid psychiatric pathology and active substance abuse disorders therefore based on the clinical information that is available to me and the guidelines, the request for random urine drug screen is not medically necessary.

Right carpal tunnel injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound, Diagnostic.

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

Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic).Injections.Ultrasound, diagnostic.

Decision rationale: Per the ACOEM in MTUS, injections of lidocaine and corticosteroids are recommended options in the treatment of carpal tunnel syndrome. The ODG also recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/ predictive value of injections. However neither the MTUS, ACOEM or the ODG make any referrence to whether this should be ultrasound guided or not. Per the ODG diagnostic ultrasound is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as a new alternative diagnostic modality for the evaluation of CTS. In addition to being of high diagnostic accuracy it is able to define the cause of nerve compression and aids treatment planning. A review of the injured workers medical records show that she is status post carpal tunnel release with ongoing pain, therefore based on her complex presentation the request for right carpal tunnel injection under ultrasound guidance is medically necessary.

Left dequervains injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).Injections.

Decision rationale: The MTUS/ ACOEM did not specifically address the use of injections in the treatment of deQuervains tenosynovitis therefore other guidelines were consulted. Per the ODG, injections are recommended for Trigger finger and for de Quervain's tenosynovitis. For de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or nonsteroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) For de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs the use of nonsteroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. (Stephens, 2008) This Cochrane review found one controlled clinical trial of 18 participants that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica for de Quervain's tenosynovitis. All patients in the steroid injection group achieved

complete relief of pain whereas none of the patients in the thumb spica group had complete relief of pain. (Peters-Veluthamaningal, 2009). Based on the guidelines and the injured workers complex clinical presentation the request for left de quervains injection under ultrasound guidance is medically necessary.