

Case Number:	CM15-0214186		
Date Assigned:	11/04/2015	Date of Injury:	10/31/2013
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female with a date of industrial injury 10-31-2013. The medical records indicated the injured worker (IW) was treated for bilateral wrist sprain; rule out bilateral carpal tunnel syndrome; rule out bilateral wrist internal derangement. In the progress notes (7-23-15 and 9-3-15), the IW reported worsening pain in the wrists rated 6 to 7 out of 10 without medication, associated with numbness. On examination (7-23-15 and 9-3-15 notes), there was non-specific tenderness in the medial and lateral aspects of both wrists. Phalen's and Tinel's were positive on both wrists. Finkelstein's test was positive bilaterally. The left thumb was improving with abduction. There was also moderate tenderness to palpation in the bilateral forearms up to the elbow region. Her activities of daily living were restricted due to numbness and pain in the bilateral wrists; gripping and grasping and opening jars was difficult. Treatments included rest, activity modification, physical therapy (with minimal improvement) and acupuncture (with benefit, not further specified). The IW was temporarily totally disabled. The provider recommended acupuncture and topical analgesics for the wrist pain. There was no documentation of functional improvement from previous acupuncture. A Request for Authorization dated 9-3-15 was received for acupuncture, twice a week for six weeks; Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% applied 2 to 3 times daily for pain; and Flurbiprofen 20% applied 2 to 3 times daily for inflammation. The Utilization Review on 10-7-15 non-certified the request for acupuncture, twice a week for six weeks; Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% (TGIce) applied 2 to 3 times daily for pain; and Flurbiprofen 20% applied 2 to 3 times daily for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The records indicate the patient has ongoing wrist pain accompanied by numbness. The current request is for acupuncture visits 2 times per week for 6 weeks. The attending physician requests acupuncture to decrease pain levels. The acupuncture medical treatment guidelines do recommend acupuncture for wrist pain. The guidelines recommend 3-6 visits. Acupuncture treatment may be extended if functional improvement is documented. In this case, a trial was authorized on 12/4/14. There is no documentation to indicate whether the patient had pain relief or increased function following the acupuncture treatment. Furthermore, the current request of 12 sessions greatly exceeds guideline recommendations and as such, is not medically necessary.

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% applied 2-3 times daily for pain: 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: The records indicate the patient has ongoing wrist pain accompanied by numbness. The current request is for Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% applied 2-3 times daily for inflammation relief. The attending physician requests the topical analgesic to reduce pain and inflammation. The CA MTUS has this to say regarding topical analgesics: Recommended as an option as indicated below. 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. Gabapentin is not recommended. Tramadol, Camphor, and Menthol are not addressed in the MTUS guidelines. As such, because Gabapentin is not recommended, then the compounded medication is not recommended. Therefore the current request is not medically necessary.

Flurbiprofen 20% applied 2-3 times daily for inflammation relief: 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: The records indicate the patient has ongoing wrist pain accompanied by numbness. The current request is for Flurbiprofen 20% applied 2-3 times daily for inflammation relief. The attending physician requests the topical analgesic to reduce pain and inflammation. The CA MTUS has this to say regarding topical analgesics: Recommended as an option as indicated below. 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. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have the following indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the records do not provide evidence for the diagnosis of osteoarthritis or tendinitis of the wrists. As such, the current request is not consistent with guidelines and is not medically necessary.