

Case Number:	CM15-0216629		
Date Assigned:	11/06/2015	Date of Injury:	03/10/2011
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55-year-old female who sustained an industrial injury on 3-10-2011 and has been treated for cervical and lumbar spine discopathy and bilateral carpal tunnel syndrome. She underwent a right carpal tunnel release 6-10-2015 and is awaiting subsequent left carpal tunnel surgery, which the treating physician wants to schedule as soon as she has completed right hand rehabilitation. On 9-25-2015 the injured worker reported aching right wrist pain rated 7 out of 10, and hand pain rated at 6 out of 10. Objective findings include tenderness to both hands, positive nerve sensation on the left with positive Tinel's and Phalen's sign, and pain was radiating from both wrists up the forearms. The right side also radiated into the right shoulder and trapezius, with full "but painful" cervical motion. The physician stated that neuropathy was resolving on the right, but noted lack of strength and pain when palpating the incision or performing grip test. Documented treatment includes 8 post-operative physical therapy treatments stated to be "doing well thus far," but the physician believes she needs more visits and is requesting 8 more physical therapy treatments. Physical therapy progress notes are not evidence in the provided records. The treating physician's plan of care also includes a new prescription for Flurbiprofen 20 percent-Cyclobenzaprine 4 percent-Lidocaine 5 percent cream to be applied 3-4 times per day for "joint pain inflammation." No other treatment since surgery is noted. The additional physical therapy and the compound cream were denied on 10-13-2015. The injured worker is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional visits for the right wrist Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: The MTUS Postsurgical Treatment Guidelines state that following carpal tunnel release, up to 8 supervised physical therapy sessions may be recommended over 3-5 weeks. In the case of this worker, there was record of having completed 8 sessions of physical therapy following carpal tunnel release of the right wrist (6/10/2015). Following these sessions, there was no clear indication that there was improvement in symptoms or physical findings of the right wrist or evidence of improved function. Continuing an additional 8 sessions of supervised physical therapy is not likely to lead to any new improvements based on the response from previous efforts. Also, more than 5 weeks has passed since surgery to warrant extended therapy. Therefore, this request for additional physical will be considered medically unnecessary. Home stretches and exercises may possibly be an effective alternative to this request, however.

Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5% cream 180gm: 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. The MTUS Guidelines also state that use of topical muscle relaxants of any kind are not recommended due to their lack of supportive data in chronic pain treatment. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was a recommendation for Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5% cream 180gm. However, this topical combination/compounded analgesic contains a non-recommended ingredient (cyclobenzaprine), and it was not clear if first-line treatments had been trialed before considering lidocaine. Therefore, it appears that this request is not medically necessary.

