

Case Number:	CM15-0034558		
Date Assigned:	03/02/2015	Date of Injury:	09/27/2012
Decision Date:	04/21/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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 35 year old male who reported right hand symptoms after a crush injury on 9/27/12. The diagnoses have included right wrist sprain, degenerative disease of the proximal interphalangeal (PIP) joint, subluxation of the PIP joint, and status post little finger fusion. Treatment to date has included right finger PIP joint fusion and oral medications. The injured worker has apparently been seeing two different orthopedic surgeons at the same time. The surgeon who performed the surgery (surgeon #1 for the purposes of this review) has documented symptoms and signs in the little finger and a successful outcome. The other surgeon (surgeon #2 for the purposes of this review) reports more severe finger pain, paresthesias, mental illness, a wrist sprain, and the use of many medications. There is no account by either surgeon of the activities of the other surgeon. Reports from surgeon #2 are from May 2014 to January 2015. The reports refer to a hand injury and mental illness. The medications now under Independent Medical Review were started in May 2014, all at the same time. None of the medications have been addressed with patient-specific indications or with descriptions of the specific results of use. As of the PR2 dated 1/7/15 by surgeon #2, there was pain, paresthesias, mental illness, and sleep problems. The treatment plan included periodic urinalysis toxicology testing, x-ray of the right hand, physical therapy 3x week for 6 weeks, extracorporeal shockwave therapy (right hand) 1x week for 3 weeks, dicopanol, deprizine, fanatrex, synapryn, trabadol, Terocin patches, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. There were no patient-specific indications for any of the treatment plan, and no discussion of the results of using any of the medications. Per the 1/22/15 PR2 from the orthopedic surgeon #1 pain was mild and the

finger was improving. Surgery was on 10/10/14. Medications were Norco and ibuprofen. There was no motion at the PIP. The fusion was improving and activity was advanced to regular work. Radiographs showed good healing. On 1/29/15 Utilization Review non-certified a periodic urinalysis toxicology testing, x-ray of the right hand, physical therapy 3x week for 6 weeks, extracorporeal shockwave therapy for the right hand, Terocin patches, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. 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:

Periodic urinalysis (UA) toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control Opioid contracts: (9) Urine drug screens may be required, Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94, 43, 77, 78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed as requiring testing, and the need for management via a urine drug screen is not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The treating physician has not provided evidence in this case of an opioid therapy program or other reasons to perform a urine drug screen. Were there to be an indications for urine drug screens, the frequency of testing would be determined by patient-specific factors, such as the likelihood for drug abuse. Testing is recommended at random intervals, not at office visits or "periodically." There are many recommendations for drug testing in the cited guidelines, none of which were addressed by the treating physician. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician is requested to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing and that there are outstanding questions regarding the testing process, the urine drug screens are not medically necessary.

X-ray of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand.

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 hand symptoms and treatment are not described sufficiently. The treating surgeon #2 did not address the fact that the operating surgeon was also seeing this patient and ordering radiographs as needed. Any radiographs performed by surgeon #2 would be extraneous. The surgeon #2 did not discuss the specific indications for additional radiographs. The radiographs are therefore not medically necessary.

Physical therapy (right hand/finger) 3 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 12 visits. The cited guidelines state that "Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline." There is no evidence that the operating surgeon consented to this therapy prescription or designated surgeon #2 to prescribe therapy. In fact, surgeon #1 noted good improvement, mild pain, and recommended a return to regular work, which is hardly an indication for a long course of therapy. 18 visits exceed the initial course of therapy recommended in the MTUS. The therapy is not medically necessary based on the MTUS and reports from the operating surgeon.

Extracorporeal shockwave therapy (right hand), once per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Aetna Clinical Policy Bulletin: Extracorporeal Shock-Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries, Number: 0649.

Decision rationale: The treating physician has provided no indications for shockwave therapy to treat the hand. Shockwave therapy is not indicated after surgical fusion, and no other specific indications were provided. The MTUS and the Official Disability Guidelines do not address shockwave therapy for the hand. The Aetna bulletin cited above notes the lack of evidence for shockwave therapy for all orthopedic conditions other than calcific tendinopathy of the shoulder. The treating physician has not provided alternative evidence for this treatment for the hand. The shockwave therapy is therefore not medically necessary.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

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: Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Terocin patch contains lidocaine and menthol. The site of application and directions for use were not specified. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. There is no documentation that this injured worker has neuropathic pain or post-herpetic neuralgia. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Due to lack of indication, the request for Terocin patches is not medically necessary.

Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

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

Decision rationale: The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. 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 this topical agent prescribed along with many other medications, it is not medically necessary on this basis at minimum. 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.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

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

Decision rationale: The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. It is not clear if the prescription is intended to be topical or oral. Given the insufficient prescription, flurbiprofen is not medically necessary. The specific details of the prescription are required.

Menthol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. The treating physician has not discussed 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 this topical agent prescribed along with many other medications, it is not medically necessary on this basis at minimum. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Given the insufficient prescription, menthol is not medically necessary. The specific details of the prescription are required.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, Medications for chronic pain, Topical Medications, muscle relaxants Page(s): 41-42, 60, 111-113, 63-66.

Decision rationale: The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. It is not clear if the prescription is intended to be topical or oral. Given the insufficient prescription, cyclobenzaprine is not medically necessary. The specific details of the prescription are required, as the MTUS has very specific recommendations for the use of cyclobenzaprine topically and orally.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & (NSAIDs) Non-steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications, Anti-Epilepsy Drugs Page(s): 60, 111-113, 16-22.

Decision rationale: The treating physician's request did not include the concentration, quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. It is not clear if the prescription is intended to be topical or oral. Given the insufficient prescription, gabapentin is not medically necessary. The specific details of the prescription are required, as the MTUS has very specific recommendations for the use of gabapentin topically and orally.