

Case Number:	CM15-0050247		
Date Assigned:	03/23/2015	Date of Injury:	09/13/2005
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42 year old female, who sustained an industrial injury on 9/13/2005. The medical records submitted for this review did not include details regarding the initial injury or prior treatments. Diagnoses include bilateral wrist sprain, carpal tunnel syndrome, status post carpal tunnel release, and possible recurrent carpal tunnel symptoms due to excess scar formation. Currently, they complained of bilateral, right greater than left, wrist pain associated with numbness and tingling. The provider documented nonspecific tenderness to bilateral wrists with positive Phalen's, Tinel's and Finkelstein tests bilaterally. The plan of care included topical compound cream and a cold unit/stimulation unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGicc Tramadol 8%, Menthol 2%, Camphor and Flurbiprofen 20% Trandermal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for TGicc Tramadol 8%, Menthol 2%, Camphor and Flurbiprofen 20% Transdermal is not medically necessary.

1 Cold unit/ Multi Stimulation Unit with Supplies for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy.

Decision rationale: MTUS and ACOEM are silent regarding this topic. ODG states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." The request for the cold therapy unit is for 6 months. A 7 day post-operative time period is reasonable and within guidelines. The treating physician does not include additional information that would justify the use of a cold therapy unit in excess of the guideline recommendation and the patient is well beyond the post-op period. As such, the request for 1 Cold unit/ Multi Stimulation Unit with Supplies for 6 months is not medically necessary.

1 Bilateral Wrist Bracing: 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) Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist Hand, Splint.

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, "Splinting of wrist in neutral position at night & day" may be indicated for carpal tunnel syndrome and "Limit motion of inflamed structures with wrist and thumb splint". ACOEM further states "Limit motion of inflamed structures" for tendinitis and tenosynovitis, but does not specify with splinting. ODG refers to splinting section for braces, "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." "Following tendon repair: Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen." "Arthritis: A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis." "For rheumatoid arthritis, there was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty." Medical records do not indicate a displaced fracture, tendon repair, arthritis, rheumatoid arthritis of the wrists, which are possible indications for a wrist splint/brace. As such, the request for bilateral wrist brace is not medically necessary at this time.