

<b>Case Number:</b>	CM15-0055953		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 York

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 55 year old female who sustained an industrial injury on February 5, 2014. Prior treatment includes medications, surgery of the right and left knees and imaging of the right and left knees. Currently the injured worker complains of constant, moderate low back pain and stiffness, intermittent mild pain of the right wrist, and intermittent moderate pain of the right and left knees. Diagnoses associated with the request lumbar dysfunction, lumbar sprain/strain, right carpal tunnel sprain/strain, right wrist sprain/strain, and right knee sprain/ strain with internal derangement. The treatment plan physical therapy, acupuncture, imaging of the lumbar spine, knee braces for the right and left knees, cold/heat therapy unit, and medications to include omeprazole, capsaicin and gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter MRIs (magnetic resonance imaging).

**Decision rationale:** California MTUS states imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines (ODG) state that indications for MRI of the wrist are acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the injured worker has full range of motion, no evidence of suspected fracture, no recent injury and no red flags. The reports of prior imaging studies cannot be found in the submitted medical records. Based on submitted information, the requested treatment MRI of Left Wrist is not medically necessary.

**MRI of Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter MRIs (magnetic resonance imaging).

**Decision rationale:** California MTUS states imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines (ODG) state that indications for MRI of the wrist are acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the injured worker has full range of motion, no evidence of suspected fracture, no recent injury and no red flags. The reports of prior imaging studies cannot be found in the submitted medical records. Based on submitted information, the requested treatment MRI of Right Wrist is not medically necessary.

**Flexeril 7.5mg 1 tablet orally twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 20%, Gabapentin 10 %, Menthol 2%, and Camphor 2% 180 grams:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. As per MTUS Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Based on the currently available medical information for review, there is no documentation why this particular cream is requested. The request is not medically necessary.

**Gabapentin 15%, Amitriptyline 4%, and Dextromethorphan 10% 180 grams:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that

include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. As per MTUS, there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anti-convulsants. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested topical cream is not medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

**Decision rationale:** ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met, therefore, the request is not medically necessary.

**Bilateral Knee braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter--Braces.

**Decision rationale:** As per MTUS/ACOEM guidelines brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL)

instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) recommend knee brace for Knee instability Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis, Tibial plateau fracture. ODG state "Postoperative bracing did not protect against re-injury, decreased pain, improved stability. Review of submitted medical records of injured worker lack clinical data that satisfies these guidelines, therefore the requested treatment bilateral knee brace is not medically necessary and appropriate.

**Bilateral Wrist Braces: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** California MTUS/ACOEM state Splinting is recommended as first-line conservative treatment for carpal tunnel syndrome (CTS), DeQuervain's syndrome, strains. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has clinical neurological deficits or any concerns for possible carpal tunnel syndrome. The requested treatment bilateral wrist braces is not medically necessary and appropriate.

**Transcutaneous electrical nerve stimulation (TENS) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 115-116.

**Decision rationale:** As per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and was there any functional benefit. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The requested treatment TENS Unit is not medically necessary and appropriate.

**Home kit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/27/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Exercise equipment-Durable medical equipment (DME).

**Decision rationale:** As per Official Disability Guidelines (ODG), durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment that can withstand repeated use, can be rented and used by successive patients, and is primarily and customarily used to serve medical purpose. ODG recommend home exercise kits as an option, where home exercise programs are recommended, and where active self-directed home physical therapy is recommended. As per review of Medical Records the injured worker has previously been in physical therapy, and therefore should be independent with a home exercise program. There is no information in Medical Records how the use of home exercise kit will help in improving the functional status of the injured worker. Of note, the request does not specify for what body parts it is requested for. The above request is not medically necessary.

**MRI of Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter--MRI; 1/2s (magnetic resonance imaging).

**Decision rationale:** California MTUS Guidelines state Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Official Disability Guidelines (ODG) recommend MRI (magnetic resonance imaging) of Knee for: 1) Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. 2) Nontraumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. 3) Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. There is no clear documentation of any mechanical findings and no history of any re-injury since the injured worker had surgical intervention, to support internal derangement. There are no reports of prior imaging studies. Review of submitted medical records of injured worker do not mention failure of conservative treatment. Based on submitted clinical information, the requested treatment MRI of Right Knee is not medically necessary.

**MRI of Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter--MRIs (magnetic resonance imaging).

**Decision rationale:** California MTUS Guidelines state Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Official Disability Guidelines (ODG) recommend MRI (magnetic resonance imaging) of Knee for: 1) Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. 2) Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. 3) Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. There is no clear documentation of any mechanical findings and no history of any re-injury since the injured worker had surgical intervention, to support internal derangement. There are no reports of prior imaging studies. Review of submitted medical records of injured worker do not mention failure of conservative treatment. Based on submitted clinical information, the requested treatment MRI of Left Knee is not medically necessary.