

Case Number:	CM14-0111058		
Date Assigned:	08/01/2014	Date of Injury:	12/22/2013
Decision Date:	10/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old female who was injured on 12/22/13, when her hand slipped at work and hyperextended her fingers resulting in an onset of pain. The medical records provided for review document that the claimant subsequently underwent an open reduction, internal fixation with exploration of the right flexor tendons on 01/16/14. The records also document that the claimant is status post fusion of the right index DIP joint and is currently diagnosed with carpal tunnel syndrome. The postoperative progress report dated 05/07/14 described subjective complaints of pain in the wrist and hand. Physical examination showed diffuse tenderness and swelling of the dorsal aspect of the DIP with 10 degrees of rotational deformity with overlapping digits with hand gripping and closure. There was positive Phalen's and Tinel's testing of the wrist. The medical records document postoperative treatment has included a significant course of formal physical therapy. The recommendation was made for 18 additional sessions of physical therapy, the topical compound containing Gabapentin, Cyclobenzaprine, and Tramadol, and continued use of Ibuprofen and Ambien. There was no documentation of other physical examination findings or recent imaging for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Consultation and Physical Therapy to right index finger three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for continued physical therapy for 18 additional sessions is not recommended as medically necessary. would not be supported. The medical records document that the claimant's surgery took place in January 2014, more than eight months ago. The Postsurgical Guidelines recommend 16 physical therapy visits in a treatment period of four months. The claimant has already exceeded the Postsurgical Guideline criteria for physical therapy following fracture fixation to the digit. The medical records do not identify why this claimant would be an exception to the standard guideline treatment. Without documentation of formal physical examination findings or need for continued use of this modality, the requested 18 additional sessions of therapy that would exceed guideline criteria would not be supported.

Ibuprofen 800mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Ibuprofen. At the time of the request, the claimant was more than six months following the time of the surgical process. The Chronic Pain Guidelines recommend that antiinflammatory agents be used at the lowest dose possible for the shortest period of time possible. Without documentation of an acute symptomatic flare of symptoms at the time of the request, the continued use of this agent in the chronic subacute setting is not medically necessary and appropriate.

Ambien (Zolpidem) 10mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure -Zolpidem (Ambien®)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the use of Ambien would not be indicated. The ODG Guidelines recommend that Ambien is typically only prescribed for short term use for two to six weeks with no indication for its use or need in the chronic setting. Given the claimant's timeframe from injury, subacute clinical presentation, and no documented findings of insomnia, the requested sleep aid in this individual's chronic course of care is not medically necessary and appropriate.

Gabacyclotram (Gabapentin 10%, cyclobenzaprine 6%, tramadol 10%): Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of a topical compound containing Gabapentin, Cyclobenzaprine, and Tramadol. The Chronic Pain Guidelines recommend that if any one agent in the topical compound is not recommended then the topical compound as a whole is not supported. The Chronic Pain Guidelines currently do not support the use of Gabapentin, other muscle relaxants or Tramadol in the topical form. Based on the fact that all three of the agents are not supported by the Chronic Pain Guidelines, the requested compounded agent is not medically necessary and appropriate.