

Case Number:	CM14-0148255		
Date Assigned:	10/23/2014	Date of Injury:	12/30/2011
Decision Date:	11/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal medicine 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 injured worker (IW) is a 32-year-old woman checker/packer who sustained an injury on December 30, 2011. She suffered cumulative trauma injury during her employment. She started experiencing pain in her shoulders, hands and wrists due to repeated lifting and carrying of boxes containing gallons of various liquids, data entry, and packing items. The carrier has accepted carpal tunnel syndrome. Pursuant to the exam/billing form dated August 18, 2014, the IW began having left hand pain to elbow. She had occupational therapy, which was not helpful. NCV studies were negative. She is status-post left carpal tunnel release last January 2013 and right carpal tunnel release September 2013 respectively. The IW returned because she felt worse. She received acupuncture treatment for flare-up, which included acupuncture manual stimulation, massage, and infrared. The progress note dated August 25, 2014 notes that the IW complains of sharp, dull, stabbing, and aching bilateral shoulder pain. The pain level varies throughout the day she rates as 8/10. There is also a burning-type sensation noted. Frequent sharp pain in the left wrist, which radiates to the left arm. The pain level varies throughout the day; she rates pain 8/10. The pain is associated with numbness and tingling. Frequent, sharp right wrist pain, which radiates to the right arm. The pain level varies throughout the day. She rates the pain 5/10. Objective: Range of motion (ROM) shoulders reveals the following in degrees: right/left: Flexion=160/160, extension=30/30, abduction=160/160, adduction=30/30, internal and external rotation=80/80. ROM limited due to pain. Impingement test is positive on the left. Left elbow is tender to palpation over lateral epicondyle region. ROM bilateral wrist/hand in motion of degrees reveals the following: right/left: Dorsiflexion=50/50, palmar flexion=50/50, radial deviation=10/10, ulnar deviation=25/25. ROM is limited due to pain. Diagnoses include: left shoulder impingement syndrome, left elbow epicondylitis, and bilateral carpal tunnel syndrome. EMG studies of the bilateral upper extremities dated March 31, 2014 indicate normal EMG of

the bilateral upper extremities. Nerve conduction velocities (NCV) of the bilateral upper extremities dated March 31, 2014 indicate minimally abnormal NCV study of the right median nerve due to the minimal prolongation of the median SNAPs. Urine toxicology screen dated July 14, 2014 was negative for medications. MRI of the left shoulder dated August 9, 2014 indicated mild acromioclavicular osteoarthritis. MRI of the left elbow dated August 16, 2014 was unremarkable. Treatment recommendations dated August 25, 2014 included: Revision surgery of bilateral wrist carpal tunnel release, injections for left shoulder and elbow. Flurbiprofen 20%, Tramadol 20% in Mediderm base apply a thin layer three times a day or as needed, Gabapentin 10%, Amitriptyline 10%, Dexamethorphan 10% in Mediderm base apply a thin layer three times a day or as needed, Naproxen 550mg #90, Pantoprazole 20mg #60, Tramadol ER 150mg #45, Urine sample and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture To Bilateral Wrists Qty: 12.00:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, acupuncture to wrists bilaterally #12 is not medically necessary. The guidelines indicate that most invasive techniques including acupuncture and injection procedures lack insufficient high quality evidence to support their use in the treatment of forearm, wrist and hand complaints. Although the provider notes that acupuncture has reduced the patient's pain and medication reliance, the Official Disability Guidelines note that acupuncture is rarely used for hand or wrist complaints and recent systematic reviews do not recommend acupuncture when compared to placebo or control. In addition, official disability guidelines do not recommend acupuncture for neck pain. Based on the clinical information in the medical record in the peer review evidence-based guidelines, acupuncture to the wrists bilaterally #12 is not medically necessary.

Tramadol Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, the Tramadol is not medically necessary. Tramadol is a synthetic opiate affecting the central nervous system. There are multiple potential side effects. Tramadol may increase the risk of seizure especially in patients taking SSRIs and other opiates. In this case, there was no dosage or quantity on the request. Absent the intended medication dosage and

quantity, the tramadol is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, tramadol is not necessary.

Naproxen Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Non-Steroidal Anti-Inflammatory Drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen is not medically necessary. The Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered in patients with mild to moderate pain, in particular, patients with G.I., cardiovascular and renal vascular risk factors. Although naproxen and other anti-inflammatories are recommended as first-line therapy for inflammation, absent the strength/dosage and quantity, the naproxen is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, naproxen is not medically necessary.

Pantoprazole Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAID an GI risk, Cardiovascular Risk

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Pantoprazole is not medically necessary. Proton pump inhibitors (pantoprazole) are indicated in patients taking anti-inflammatory drugs (NSAIDs) are greater than 65 years old; have history of peptic ulcer disease; G.I. bleeding; concurrent use of aspirin steroids or anticoagulants; or take high-dose anti-inflammatories. Patients at moderate or high risk require proton pump inhibitor protection. The clinical information and medical record suggests pantoprazole is not indicated. However absent the strength/dosage and quantity, pantoprazole result is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, pantoprazole is not medically necessary.

Gabapentin 10%/Dekromethorphan 10%/Amitriptyline 10% QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the topical analgesic gabapentin 10%, dextromethorphan 10%, amitriptyline 10% is not medically necessary. The guidelines state uses of these drugs are largely experimental with few randomized trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the peer-reviewed evidence-based guidelines provide any compounded product (gabapentin topical) that is not recommended is not recommended. Gabapentin is not recommended. Consequently, this compounded product is not medically necessary.

Flurbiprofen 20%/ Tramadol 20%/Cyclobenzaprine 4% QTY: 1.00: Upheld

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

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); Topical Analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Flurbiprofen 20%, tramadol 20%, and cyclobenzaprine 4% is not medically necessary. The guidelines state the only topical non-steroidal anti-inflammatory FDA approved is Voltaren gel. Flurbiprofen is not FDA approved. The guidelines state uses of these topical drugs are largely experimental with few randomized trials to determine efficacy and safety. Additionally, they are primarily recommended for neuropathic pain when a trial of antidepressants and convulsions has failed. In this case, Flurbiprofen is not FDA approved nor is there proven efficacy and safety due to the lack of randomized trials. Additionally, any compounded product that contains at least one drug (Cyclobenzaprine) that is not recommended is not recommended. Based on clinical information medical record in the peer-reviewed evidence-based guidelines, this combination compounded product containing Flurbiprofen 20%, tramadol 20% and cyclobenzaprine 4% is not medically necessary.

Urine Toxicology QTY: 1.00: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, a urine drug screen is not medically necessary. The guidelines suggest urine drug screens indicated in attempting to avoid misuse and addiction and those at high risk of abuse. Before ordering a urine drug screen, clinicians should be clear as to the indication for its use. For example providers ordering the test should document the reasons for the test, such as checking for illegal drug use or are they determining compliance with medication. In this case, none of the circumstances with reference to misuse abuse or high risk of addiction are present in this injured worker. There is no history of prior substance or issues with the prescribed medications. Additionally, there was no clear-cut documentation of current opiate use of the time of the UDS. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, urine drug screen is not medically necessary.