

Case Number:	CM14-0168832		
Date Assigned:	10/16/2014	Date of Injury:	04/09/2014
Decision Date:	12/16/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Maryland. 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 employee was a 49 year old female who sustained an industrial injury on 04/09/14 due to repetitive motion from computer keyboard and mouse movement use. MRI of lumbar spine done in July 2014 showed early disc desiccation noted at L4-5 level, L4-5 focal central disc protrusion with annular tear effacing the thecal sac, disc material and facet hypertrophy causing narrowing of left neural foramen that effaces the left L4 exiting nerve root. Prior treatments included medications, psychological therapy, physical therapy and chiropractic therapy. The progress note from 09/22/14 was reviewed. Subjective complaints included fingertip pain, shoulder pain bilaterally, back pain and cervical spine pain. Pertinent findings on examination included tenderness to palpation to lumbar and cervical spine, tenderness to palpation in DIP and PIP fingers. Diagnoses included cervical spine sprain/strain, lumbar spine strain/sprain, carpal tunnel syndrome, right index finger sprain/strain and stress, anxiety and depression. The request was for 12 acupuncture sessions to right wrist carpal tunnel syndrome, one month home based trial of TENS unit with supplies, Cyclobenzaprine 10%/Gabapentin 10% cream, Flurbiprofen 20% cream and Tramadol 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture with adjunct procedures/modalities for right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to acupuncture treatment guidelines, a trial of 3-6 acupuncture treatments with follow-up documentation of functional improvement is required to justify further treatment. The employee has not had prior acupuncture. But since the amount of acupuncture visits requested is more than the recommended 3-6, the request is not medically necessary and appropriate.

1 month home-based trial of TENS unit with supplies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114.

Decision rationale: The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for at least three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. Given the ongoing pain despite medications, physical therapy and chiropractic therapy, the request for TENS unit trial for a month is medically necessary and appropriate.

Cyclobenzaprine 10%/Gabapentin 10% topical cream: 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 MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine is not recommended by guidelines in a topical formulation. Gabapentin is not recommended as a topical medication per MTUS. So the request for Cyclobenzaprine/Gabapentin cream is not medically necessary or appropriate.

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are indicated for short term treatment of osteoarthritis and tendinitis of knee, elbow, ankle and other joints which earn minimal topical treatments. But only Voltaren gel is the FDA approved topical formulation for NSAIDs. Flurbiprofen topical is not FDA approved. So the request for topical Flurbiprofen is not medically necessary or appropriate.

Tramadol 20%: 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 Topical analgesics Page(s): 112-113.

Decision rationale: According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. It is also not clear why topical opioids are being used instead of the more readily available oral medications. Hence the request for topical Tramadol is not medically necessary or appropriate.