

<b>Case Number:</b>	CM14-0085182		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/18/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

According to the records made available for review, this is a 32-year-old male with an 8/18/07 date of injury. At the time (4/21/14) of request for authorization for Unknown Pre-Operative Laboratory Work Between 4/21/2014 and 7/3/2014, 1 Pre-Operative Chest X-Ray Between 4/21/2014 and 7/3/2014, Unknown Post-Surgical Physical Therapy After Each Procedure Between 4/21/2014 and 7/3/2014, 1 Prescription of Flurbiprofen / Capsaicin / Menthol / Camphor #120gm Between 4/21/2014 and 7/3/2014, and 1 Prescription of Ketoprofen/ Cyclobenzaprine/ lidocaine #120gm Between 4/21/2014 and 7/3/2014, there is documentation of subjective (continued neck pain and stiffness radiating down the upper extremities and persistent and increasing pain of the wrists with numbness and tingling to the hands ) and objective (tenderness to palpation over the cervical paraspinal muscles with decreased range of motion; tenderness to palpation over the volar aspects of both wrists with positive Tinel's, Phalen's and carpal tunnel compression tests bilaterally, decreased sensation in the median nerve distribution of both upper extremities, and 4 out of 5 motor power of the bilateral upper extremities) findings, current diagnoses (cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome), and treatment to date (physical therapy and oral pain medications). In addition, medical reports identify a request for bilateral carpal tunnel release surgery that has been authorized/certified. Regarding Unknown Pre-Operative Laboratory Work Between 4/21/2014 and 7/3/2014, there is no documentation that preoperative investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Regarding 1 Prescription of Flurbiprofen / Capsaicin / Menthol / Camphor #120gm between 4/21/2014 and 7/3/2014, there is no documentation that trials of antidepressants and anticonvulsants have failed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Unknown Pre--Operative Laboratory Work Between 4/21/2014 and 7/3/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PREOPERATIVE EVALUATION. BLOOMINGTON (MN); INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI); 2006 JUL. 33P(37 REFERENCES).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The MTUS does not address this issue; however, the ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome. In addition, there is documentation of a request for bilateral carpal tunnel release surgery that has been authorized/certified. However, given no documentation of the specific pre-operative laboratory work requested, there is no documentation that preoperative investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

### **1 Pre-Operative Chest X-Ray Between 4/21/2014 and 7/3/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI). PREOPERATIVE EVALUATION. BLOOMINGTON (MN); INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI); 2006 JUL. 33P(37 REFERENCES).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The MTUS does not address this issue; however, the ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review,

there is documentation of diagnoses of cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome. In addition, there is documentation of a request for bilateral carpal tunnel release surgery that has been authorized/certified. Furthermore, there is documentation that preoperative testing (chest radiography) can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request is medically necessary.

**Unknown Post-Surgical Physical Therapy After Each Procedure Between 4/21/2014 and 7/3/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS ODG.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines states that up to 8 visits of post-operative physical therapy over 5 weeks and post-surgical physical medicine treatment period of up to 3 months is warranted for this procedure. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is half the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome. In addition, there is documentation of a request for bilateral carpal tunnel release surgery that has been authorized/certified. However, there is no documentation of the amount of post-surgical physical therapy sessions requested. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**1 Prescription of Fluribiprofen / Capasicin / Menthol / Camphor #120gm Between 4/21/2014 and 7/3/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATION SCAPSAICIN, TOPICAL NSAIDS.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**1 Prescription of Ketoprofen/ Cyclobenzaprine/ lidocaine #120gm Between 4/21/2014 and 7/3/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATION NSAIDS LIDOCAINE, TOPICAL.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with headaches, cervical degenerative disc disease, right C6 radiculopathy, and severe bilateral carpal tunnel syndrome. However, the request compounded medication contains at least one drug (lidocaine) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.