MAXIMUS Federal Services

Case Number:	CM14-0086177		
Date Assigned:	07/23/2014	Date of Injury:	01/20/2011
Decision Date:	12/04/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 30-year-old female with a 1/20/11 date of injury. At the time (5/30/14) of request for authorization for FCMC cream 120mg, Keto Cream 120mg, urine drug screening, and left carpal tunnel release, there is documentation of subjective (pain, numbness, tingling, and weakness in the right hand, pain that awakens the patient from sleep) and objective (positive Tinel's, Phalen's, and carpal compression test) findings, imaging findings (electrodiagnostic study (2/22/12) report revealed moderate bilateral carpal tunnel syndrome), current diagnoses (left carpal tunnel syndrome), and treatment to date (unspecified medications., bracing, therapy and activity modification). Regarding the requested FCMC cream 120mg, there is no documentation that trials of antidepressants and anticonvulsants have failed, and which specific medication is being requested and for which diagnoses/ conditions that the requested medication is indicated. Regarding the requested urine drug screening, there is no documentation of ongoing opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCMC Cream 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Monotherapy or in Combination for Pain ControlTopical Analgesics.

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

Decision rationale: 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, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnosis of left carpal tunnel syndrome. In addition, there is documentation of neuropathic pain. However, despite documentation of usage of medications, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of which specific medication is being requested and for which diagnoses/conditions that the requested medication is indicated. Therefore, based on guidelines and a review of the evidence, the request for FCMC cream 120mg is not medically necessary.

Keto Cream 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics: NSAIDs

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketoprofen is not recommended for topical applications. Therefore, based on guidelines and a review of the evidence, the request for Keto Cream 120mg is not medically necessary.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid Management Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnosis of left carpal tunnel syndrome. However, there is no documentation of ongoing opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine drug screening is not medically necessary.

Left Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Carpal Tunnel Release for Severe (CTS), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive findings on clinical examination and the diagnosis should be supported by nerve conduction, as criteria necessary to support the medical necessity of carpal tunnel release. ODG identifies documentation of at least 2 symptoms (Abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick sign (shaking hand)), at least 2 findings by physical exam (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen Sign, Tinel's sign, decreased 2-point discrimination, and/or mild thenar weakness (thumb abduction), no current pregnancy, at least 3 conservative treatment measures attempted (activity modification >= 1 month, wrist splint >= 1 month, nonprescription analgesia, physical therapy referral for home exercise training, and/or successful initial outcome from corticosteroid injection trial (optional)), and positive electrodiagnostic testing, as criteria necessary to support the medical necessity of carpal tunnel release. Within the medical information available for review, there is documentation of diagnosis of left carpal tunnel syndrome. In addition, there is documentation of positive findings on clinical examination, at least 2 symptoms (pain, numbness, tingling, and weakness in the right hand, pain that awakens the patient from sleep), at least 2 findings by physical exam (Durkan's compression test, Phalen Sign, and Tinel's sign), at least 3 conservative treatment measures attempted (activity modification >= 1 month, wrist splint >= 1 month, nonprescription analgesia, and physical therapy), and positive electrodiagnostic testing. Therefore, based on guidelines and a review of the evidence, the request for left carpal tunnel release is medically necessary.