

Case Number:	CM15-0120905		
Date Assigned:	07/07/2015	Date of Injury:	02/22/2004
Decision Date:	09/01/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 is a 53 year old female, who sustained an industrial injury on 02/22/2004. She has reported subsequent back, leg and upper extremity pain and numbness and was diagnosed with failed back surgery syndrome, bilateral carpal tunnel syndrome, status post failed bilateral carpal tunnel release and left de Quervain's syndrome. MRI of the lumbar spine dated 06/03/2014 showed mild desiccation at L4-L5 and L5-S1, disc protrusion at L4-L5, interbody graft in place at L5-S1 and L4-L5, cage at L4-L5 protruded on the right side into lateral recess and foramen, laminectomy defect of L4 and L5 and mild disc bulging at L2-L3. Treatment to date has included oral and topical pain medication, Kenalog injection, application of ice, spinal cord stimulator placement and surgery. In an orthopedic hand surgeon progress note dated, the injured worker complained of increasing numbness and tingling of the left fingers, stiffness of the left long finger and pain at the bottom of the left thumb. Objective findings were notable for provocative testing for median entrapment on the left side, decreased light touch sensation in the median nerve distribution and positive Finkelstein's test on the left side. Work status was not found in the most recent PR-2 notes but is listed as being unchanged in the most recent notes. A 03/06/2015 note indicates a work status of modified with lifting restrictions and limiting grasping and pushing/pulling with the left hand and the injured worker remained off work. A request for authorization of Nerve conduction study (NCV)/Electromyography (EMG)/somatosensory evoked potentials (SSEP) of the right upper extremity, Cyclobenzaprine 10%/Gabapentin 10% transdermal cream and Flurbiprofen 20% transdermal cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG - right upper extremity/SSEP - bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Electrodiagnostic studies.

Decision rationale: As per ACOEM guidelines for the wrist, forearm and hand, Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. As per ODG guidelines, "Bilateral EMG is generally not necessary, but NCS may be necessary for comparison, depending on the results found on the affected side. If the NCS results are clearly abnormal, comparison is not necessary. If they are clearly normal, comparison is not necessary. However, if the results are borderline, the use of the unaffected side to get the closest measure of normal is appropriate since the standard is to use population normal, and a particular patient may be an outlier and test interpretation can be affected by this." The submitted documentation shows that the injured worker was experiencing symptoms including numbness and tingling of the left finger, stiffness of the left long finger and pain at the bottom of the left thumb. Objective findings showed provocative testing for median entrapment on the left side, decreased light touch sensation in the median nerve distribution and positive Finkelstein's test on the left side. There were no right-sided signs or symptoms documented. A request was submitted for bilateral EMG/NCV including SSEP and utilization review approved the request for the NCS/EMG of the left upper extremity. As per ODG guidelines, bilateral EMG is not generally necessary and NCS is only necessary if results of testing on the affected side are borderline. Therefore, the request for authorization of Nerve conduction study (NCV)/Electromyography (EMG) with somatosensory evoked potentials (SSEP) of the right upper extremity is not medically necessary.

Cyclobenzaprine 10% - Gabapentin 10% Transdermal Cream: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example

including, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Gabapentin 10%. Gabapentin and cyclo-benzaprine are not FDA approved for topical application per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested topical medication has not been established. Therefore, the request for authorization of Cyclobenzaprine 10%/Gabapentin 10% transdermal cream is not medically necessary.

Flurbiprofen 20% Transdermal Cream: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. MTUS indicates that topical NSAID's are not recommended for neuropathic pain as there is no evidence to support use. As per ODG guidelines, Diclofenac is the only FDA approved topical NSAID. The documentation submitted indicates that the injured worker was experiencing worsening numbness and tingling in the fingers, stiffness in the left long finger and pain at the bottom of the left thumb and that topical Flurbiprofen was recommended due to a successful outcome with prior use of a transdermal cream. The documentation shows that the injured worker was unable to tolerate oral NSAID medications due to gastritis but there is no documentation submitted that shows prior treatment with a topical NSAID or that discusses the effectiveness of topical medication that may have been prescribed. Flurbiprofen is not FDA approved for topical use and there are no extenuating circumstances documented to support use. Therefore, the request for authorization of Flurbiprofen 20% transdermal cream is not medically necessary.