

<b>Case Number:</b>	CM15-0166388		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 64 year old female who sustained an industrial injury on 02-28-2012. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral shoulder myoligamentous injury, bilateral carpal tunnel syndrome and bilateral De Quervain's disease. According to the treating physician's progress report on 07-30-2015, the injured worker continues to experience bilateral shoulder pain and stiffness rated at 5-6 out of 10 and bilateral wrist pain with numbness and tingling rated at 6 out of 10 on the pain scale. The shoulder examination demonstrated tenderness to palpation of the anterior and posterior shoulders bilaterally. Range of motion was decreased by 30 degrees at flexion and abduction bilaterally. Cross arm, supraspinatus press and Neer's tests caused pain bilaterally. The bilateral wrists noted tenderness to palpation of the dorsal and volar wrist with full range of motion bilaterally. Reverse Phalen's and Tinel's tests were positive on the left wrist and Tinel's and Finklestein's tests were positive on the right with reverse Phalen's causing pain. Recent electrodiagnostic studies of the cervical spine and upper extremities were performed and officially reported on May 12, 2015. Prior treatments documented have included physical therapy (at least 6 sessions) and medications. The injured worker was placed on modified work duties with restrictions. Current oral medications were not noted in the review. The provider requested authorization for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180g 3 times a day; Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10%, 180gm apply 3 times a day, referral for Nerve Conduction Velocity (NCV) and Electromyography (EMG) studies, referral for urine analysis testing, acupuncture therapy once

week for 6 weeks and physiotherapy sessions once a week for 6 weeks. On 08-17-2015 the Utilization Review determined the request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180g 3 times a day; Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10%, 180gm apply 3 times a day, referral for Nerve Conduction Velocity (NCV) and Electromyography (EMG) studies, referral for urine analysis testing, acupuncture therapy once a week for 6 weeks for the bilateral shoulders and physiotherapy sessions once a week for 6 weeks to the bilateral wrists were not certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180g 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. MTUS states that the use of topical Gabapentin is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Capsaicin 0/025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180g 3 times a day is not medically necessary by MTUS.

**Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10% 180gm apply 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS states that the use of topical Gabapentin is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Gabapentin 10%/Amitriptyline 4%/Dextromethorphan 10% 180gm apply 3 times a day is not medically necessary by MTUS.

**Referral for nerve conduction velocity (NCV) and electromyograph (EMG) diagnostic testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

**Decision rationale:** MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. The injured worker complains of ongoing bilateral shoulder and wrist pain with numbness and tingling. Documentation provided for review indicates a recently normal EMG and findings of bilateral carpal tunnel syndrome on NCV. Physician report at the time of the request fails to show new objective clinical findings to establish the medical necessity for repeat NCV and EMG. The request for Referral for nerve conduction velocity (NCV) and electromyograph (EMG) diagnostic testing is not medically necessary per MTUS.

**Referral for urine analysis testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for Referral for urine analysis testing is not medically necessary.

**Acupuncture visits once a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The injured worker complains of ongoing bilateral shoulder and wrist pain with numbness and tingling, with a diagnosis of Carpal Tunnel syndrome. MTUS does not recommend acupuncture for the treatment of Carpal Tunnel syndrome. It may be recommended as an option for rotator cuff tendinitis. At the time of the requested service under review, the injured worker had undergone an initial course of physical therapy with no significant objective improvement in pain or function. As noted, acupuncture is not recommended for treating carpal tunnel syndrome. The request for Acupuncture visits once a week for 6 weeks is not medically necessary per MTUS guidelines.

**Physiotherapy sessions once a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. At the time additional outpatient physical therapy was prescribed, the injured worker had undergone an initial course of physical therapy with no significant objective improvement in pain or function. Given that this injured worker has completed a course of physical therapy and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy has not been established. The request for Physiotherapy sessions once a week for 6 weeks is not medically necessary based on lack of functional improvement and MTUS.