

Case Number:	CM15-0176161		
Date Assigned:	09/17/2015	Date of Injury:	04/23/2013
Decision Date:	11/10/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 28 year old female, who sustained an industrial injury on 4-23-2013. The injured worker was diagnosed as having wrist sprain and strain, carpal tunnel. The request for authorization is for: 180gm of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%; cold- heat therapy unit for the right wrist; VSN CT exam for right wrist sprain, strain and carpal tunnel; and forearm volar night splint. The UR dated 8-11-2015: certified acupuncture for the right wrist sprain, strain, carpal tunnel syndrome; certified electromyogram (EMG) right upper extremity, EMG left upper extremity, nerve conduction velocity (NCV) right upper extremity, NCV left upper extremity, right wrist brace-support with malleable stays, home therapy kit for the right wrist, urine toxicology, and neurosurgeon-ortho exam for the right wrist sprain, strain, carpal tunnel; and non-certified 180gm of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%; cold-heat therapy unit for the right wrist; VSN CT exam for right wrist sprain, strain and carpal tunnel; and forearm volar night splint. On 9-29-14, she reported right wrist pain with numbness and tingling. She indicated having problems with grabbing, grasping, gripping, and squeezing and this was "better" with creams. She reported her symptoms to be unchanged. Objective findings noted tenderness and decreased wrist range of motion on the right. She is noted to have been utilizing 180gm of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; and 180gm of Gabapentin 15%, Amitriptyline 4%, and Dextromethorphan 10% since 9-29-14 possibly longer. On 7-21-15, she is noted to not be

working. She reported difficulty with household chores, carrying, lifting, pulling, and pushing. On 7-7-15, she reported continued right wrist and hand pain with associated numbness and tingling. She is noted to have positive Tinel's sign and Phalen's test on the right and negative on the left. The treatment and diagnostic testing to date has included: medications, unclear amount of acupuncture, cold, heat, QME (10-21-2014, 1-6-15, and 7-7-15), urine toxicology, electrodiagnostic studies (7-3-14), extracorporeal shockwave (11-1-2013), magnetic resonance imaging of the right wrist (9-11-13), functional capacity evaluation (11-4-2013), urine drug screen (1-13-14), at least 6 chiropractic visits.

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% 180 gm: 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 does not recommend the use of Gabapentin as a topical agent. 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% 180 gm is not medically necessary by MTUS.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%: 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 does not recommend the use of Gabapentin as a topical agent. 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 15%, Amitriptyline 4%, Dextromethorphan 10% is not medically necessary.

Cold/Heat therapy unit, right wrist (unspecified rental duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, Heat Therapy, Cold Therapy.

Decision rationale: MTUS and ODG recommend at-home local applications of cold in the first few days of acute complaint of pain, followed thereafter by applications of heat or cold. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. MTUS provides no evidence recommending the routine use of high tech devices over the use of local cold or heat wraps. The request for Cold/Heat therapy unit, right wrist (unspecified rental duration) is not medically necessary per guidelines.

VSNCT exam, right wrist sprain/strain/carpal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Neck Chapter, Voltage actuated sensory nerve conduction (testing).

Decision rationale: Voltage actuated sensory nerve conduction testing (VSCNT) is used to detect neurologic disease. These tests provide a psychophysical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and are intended to evaluate and quantify function in both large and small caliber fibers. Per guidelines, there are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. ODG does not recommend Voltage actuated sensory nerve conduction testing (VSCNT) to diagnose sensory neuropathies or radiculopathies. The injured worker complains of chronic right wrist pain. Documentation fails to provide objective clinical evidence to support the medical necessity for quantitative nerve conduction testing over standard methods of sensory testing. The request for VSNCT exam, right wrist sprain/strain/carpal tunnel is not medically necessary per guidelines.

Forearms volar night splint: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, Splints.

Decision rationale: MTUS states that the initial treatment of Carpal Tunnel Syndrome (CTS) should include the use of night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. ODG recommends splints for treating displaced fractures. A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen. The injured worker complains of chronic right wrist pain. Physician report indicates current use of wrist brace. The medical necessity for additional use of a splint at this stage of treatment has not been established. The request for Forearms volar night splint is not medically necessary.