

Case Number:	CM15-0177638		
Date Assigned:	09/18/2015	Date of Injury:	01/29/2010
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Anesthesiology

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 1-29-10. The injured worker reported pain in bilateral upper extremities and neck. A review of the medical records indicates that the injured worker is undergoing treatments for right subluxation flexor tendon versus radial nerve, left subluxation flexor tendon versus radial nerve, right dorsal sensory branch radial nerve mild hypersensitivity, bilateral epicondylitis, and left thumb stenosis tenosynovitis. Provider documentation dated 7-23-15 noted the work status as permanent and stationary. Treatment has included cervical spine magnetic resonance imaging (1-26-14), injection therapy, status post left first dorsal compartment release (2011), status post right first dorsal compartment release (2011), status post carpal tunnel release (2014), Naproxen, FexMid, Voltaren, Lunesta and Tramadol. Objective findings dated 7-23-15 were notable for tenderness to left thumb, right lateral epicondylar region, and "decreased light touch sensation median and ulnar nerve distribution right side." The treating physician indicates that the urine drug testing was completed on 7-23-15. The original utilization review (8-11-15) partially approved a request for Kenalog injection A-1 pulley; left thumb, Acupuncture treatment for the right upper extremity and shoulder 2 times a week for 6 weeks, Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic Acid 0.2% in cream base 240 grams, and Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic Acid 0.2% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injection A-1 pulley; left thumb: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Forearm, Wrist & Hand, Intralesional steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Topical and intralesional glucocorticoids have been used for many years to alter cutaneous healing. Kenalog can be used for the treatment of hypertrophic scars and keloids. It can be injected intralesionally at 4 to 6 week intervals and treatment can be stopped when there is significant clinical regression of the scar. In this case, there was no documentation that the patient had hypertrophic scars or keloids in the left thumb A-1 pulley region. Medical necessity for the requested injection has not been established. The requested injection is not medically necessary.

Acupuncture treatment for the right upper extremity and shoulder 2 times 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 rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient is receiving physical therapy for the right shoulder and the initial request (of 12 visits) exceeds the guideline recommendations. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic Acid 0.2% in cream base 240gm: 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: 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, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics 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 requested contains: Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base. In this case, there is no documentation provided necessitating this compounded topical analgesic. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic Acid 0.2% in cream base 240gm: 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: 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, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics 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 requested contains: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic Acid 0.2% in cream base. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended by the MTUS guidelines. Medical necessity for the requested topical compounded medication has not been established. The requested topical cream is not medically necessary.