

Case Number:	CM15-0179954		
Date Assigned:	09/21/2015	Date of Injury:	06/23/2011
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on June 23, 2011. The injured worker was being treated for left carpal tunnel syndrome, left median nerve sensory branch injury, and left thumb tenosynovitis. Medical records (May 28, 2015 to August 6, 2015) indicate ongoing numbness of the left long and ring fingers, slight hardness of the pal of the left hand, occasional pain of the fingertips of the right hand, and occasional numbness and tingling of the right hand and fingers. The injured worker also had ongoing locking of the left thumb, which was helped by 50-60% by a steroid injection. The physical exam (May 28, 2015 to August 6, 2015) reveals decreased tenderness of the A1 pulley of the left thumb with slight triggering, persistent decreased sensation of the left side median nerve, significant decreased induration along the left carpal tunnel scar, and positive Tinel sign of the left carpal tunnel. On June 17, 2015, electromyography and nerve conduction velocity studies of the bilateral upper extremities revealed moderate bilateral carpal tunnel syndrome, Guyon's canal entrapment, denervation and reinnervation bilaterally and bilateral chronic active C6-C7 (cervical 6-cervical 7) radiculopathy. Surgeries to date have included left carpal tunnel release on January 15, 2015 and left carpal tunnel regarding-exploration, wrist flex teno, repair CDN-2 and CDN-3 on January 20, 2015. Treatment has included: at least 28 sessions of occupational therapy, acupuncture, off work, work modifications, and medications including oral pain (Norco and Tramadol), topical pain, muscle relaxant (Flexeril), proton pump inhibitor (Pantoprazole Sodium), and non-steroidal anti-inflammatory (Voltaren). Per the treating physician (August 6, 2015 report), the injured worker has returned to work with modified duties per the primary treating physician. On August 6, 2015,

the requested treatments included HMPC2 - Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic acid 0.2% in cream base (gm) Qty: 240.00; Transdermal compound medicine (gm) Qty: 240.00, and Tylenol #3 Qty: 90.00. On August 26, 2015, the original utilization review non-certified requests for HMPC2 - Flurbiprofen 20% Baclofen 10% Doxamothosona Micro 0.2% Hyaluronic acid 0.2% in cream base (gm) Qty: 240.00 and Transdermal compound medicine (gm) Qty: 240.00 and partially approved requests for Tylenol #3 Qty: 75.00 (original request for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPC2 - Flurbiprofen 20% Baclofen 10% Doxamothosona Micro 0.2% Hyaluronic acid 0.2% in cream base (gm) Qty: 240.00: 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: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dexamethasone or hyaluronic acid. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since multiple agents are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days,

and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request is not medically necessary.

Transdermal compound medicine (gm) Qty: 240.00: 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: Per the MTUS guidelines, topical analgesic creams are not recommended as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The compound ingredients are not documented, as such, the medical necessity of this topical compound cannot be affirmed. The request is not medically necessary.

Tylenol #3 Qty: 90.00: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals there is no documentation to support the medical necessity of Tylenol #3 nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed and therefore is not medically necessary.