

Case Number:	CM15-0023106		
Date Assigned:	02/12/2015	Date of Injury:	09/09/2013
Decision Date:	06/05/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 09/09/2013. The injured worker reported a gradual onset of symptoms. The diagnosis is bilateral carpal tunnel syndrome. Treatment to date has included medications, urine drug screening, physical therapy, wrist surgery, and x-rays. The injured worker presented on 12/22/2014 for a follow-up evaluation with complaints of occasional to constant sharp right wrist pain radiating into the right elbow, as well as sharp left wrist pain and psychological symptoms to include depression, anxiety, lack of appetite, lack of energy and insomnia. Upon examination of the right wrist there was 55 degree flexion and extension, 15 degree radial deviation and 25 degree ulnar deviation. There was tenderness to palpation over the dorsal wrist with positive Phalen's and carpal compression tests. Examination of the left wrist also revealed 55-degree flexion and extension, 15-degree radial deviation and 10-degree ulnar deviation with a positive Phalen's and carpal compression tests. Treatment recommendations at that time included continuation of Flector patch 1.3% and 2 compounded creams. A request was also made for physical therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is Diclofenac, which is indicated for the relief of osteoarthritis pain. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. The injured worker has also utilized the above medication since at least 11/2014 without any evidence of objective functional improvement. The request as submitted failed to indicate the specific frequency and quantity. Given the above, the request is not medically necessary.

12 physical therapy visits for bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state 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. The Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. The current request for 12 physical therapy sessions exceeds guideline recommendations. There is also no documentation of the previous course of treatment with evidence of significant functional improvement. Additional treatment would not be supported at this time. Given the above, the request is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 180 gms: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% 180 gms: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. The request for a compounded cream containing Flurbiprofen would not be supported. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

One (1) urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.