

<b>Case Number:</b>	CM15-0032964		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

Certification(s)/Specialty: Emergency 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 57-year-old female who reported an injury on 07/06/2012 from a slip and fall. She sustained a second injury on 07/16/2012 from a slip and fall. Her diagnoses include right upper extremity overuse syndrome, left upper extremity overuse syndrome, rule out right carpal tunnel syndrome, and rule out left carpal tunnel syndrome. Medication include analgesic medication over the counter as needed. Surgical history includes brain surgery on 03/20/2014 and 03/24/2014. Diagnostic studies were not provided. Other therapies were not provided. On 01/22/2015, the injured worker was seen for pain in her hands, wrists, and knees. Examination of the bilateral hands revealed bilateral positive Phalen's test, positive Tinel's sign, and positive compression test over the medial nerve with numbness of the thumb, index, and middle finger at approximately 5 seconds. There was mild thenar atrophy; mild abductor pollicis brevis weakness; positive Durkan's test and prayer test. The bilateral thumb range of motion was within normal limits. The finger range of motion was within normal limits. The recommendation and treatment plan noted the injured worker should include an EMG of the bilateral upper extremities. The injured worker should be given topical creams. She cannot take anti-inflammatories or pain medication secondary to her requiring a surgery. It is suggested that the injured worker be given bilateral volar wrist splints that should be worn only at night. The injured worker has a TENS unit which will be used to manage edema and pain. Follow-up visit in 1 month. If the symptoms continue, the injured worker should be allowed the option of outpatient surgery. Her symptoms apparently have been present for over 2 years and the injured

worker has been treated conservatively with splints on and off for over 2 years. The Request for Authorization was dated 01/22/2015.

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

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The request for TENS unit is not supported. The injured worker has a history of chronic neck, wrist, upper extremity, bilateral knees, and right hip pain. The California MTUS Guidelines state TENS units there should be evidence of a successful 1 month trial of the same, in terms of both pain relief and function. There is lack of documentation if the unit is to be purchased or rented. There is lack of evidence that TENS unit had been sought on a trial before the request for the purchase. It was noted that the injured worker has a TENS unit. There is lack of documentation as to directions on how the unit is to be utilized. It is unclear why the request is being submitted. Therefore, the request for TENS unit is not medically necessary.

**Topical Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for topical cream is not supported. The injured worker has a history of chronic neck, wrist, upper extremity, bilateral knees, and right hip pain. California MTUS Guidelines state topical analgesics, as a class is deemed largely experimental. There is lack of evidence of intolerance to and failure of multiple classes of first line oral pharmaceuticals to justify use of unspecified topical compound cream. There is lack of documentation as to the ingredients within the topical cream. There is lack of documentation as to the frequency and doses the cream is to be used. As such, the request for topical cream is not medically necessary.

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for naproxen 550 mg #90 is not supported. The injured worker has a history of chronic neck, wrist, upper extremity, bilateral knees, and right hip pain. The California MTUS Guidelines state that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pains including multifocal pain complaints reportedly present. There is lack of documentation as to the rationale, which would support provisions of 2 separate anti-inflammatory medications, naproxen and ibuprofen. The request does not provide frequency the medication is to be taken. It is unclear how long the injured worker has been on said medication. Period. As such, the request is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

**Decision rationale:** The request for ibuprofen 800 mg #60 is not supported. The injured worker has a history of chronic neck, wrist, upper extremity, bilateral knees, and right hip pain. The California MTUS Guidelines state that anti-inflammatory medications such as ibuprofen represent the traditional first line of treatment for various chronic pain conditions including the chronic hand pain reported by the injured worker. It is unclear why the provider is furnishing the injured worker with 2 separate anti-inflammatory medications, ibuprofen and naproxen. There is lack of documentation as to the frequency the medication is to be used within the request. As such, the request for ibuprofen 800 mg #90 is not medically necessary.