

Case Number:	CM15-0048712		
Date Assigned:	04/14/2015	Date of Injury:	01/28/2013
Decision Date:	05/29/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 63 year old female, who sustained an industrial injury on 01/28/2013. The mechanism of injury was continuous trauma. She has reported subsequent neck, upper back, right shoulder, upper arm, elbow, forearm, wrist and hand pain and headache and was diagnosed with cervicgia, cervico-brachial syndrome, right shoulder impingement syndrome and right wrist carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, physical therapy, injections, electrodiagnostic studies, acupuncture, chiropractic care and ESWT. In a progress note dated 11/17/2014, the injured worker complained of neck, upper back, right shoulder, upper arm, elbow, forearm, wrist and hand pain and headache. Objective findings were notable for pain with cervical extension and flexion of the neck to the right, decreased range of motion, impingement sign of the right shoulder, positive supraspinatus press test, positive Phalen's test, decreased grip strength in the right hand, pain radiating from the hand to the shoulder and decreased range of motion of the right. The physician requested authorization of an EMG/NCV study of the upper extremities regarding arm weakness, ortho consult for the right shoulder and right hand, paraffin wax therapy of the right hand, chiropractic therapy for the right shoulder, acupuncture of the right shoulder, Gabapentin/Amitriptyline/Bupivacaine/Flubiprofen/Baclofen/Desamethasone/Capsaicin cream and a urine toxicology screen. There was no Request for Authorization submitted to support the request. The documentation indicated the injured worker underwent a nerve conduction study on 11/19/2013, which revealed a suggestion of bilateral median sensory nerve neuropathy consistent with bilateral carpal tunnel syndrome. On

06/18/2013, the injured worker had an MRI of the right wrist, which revealed radiolunate and radiocarpal joint effusion and subchondral cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCV for right hand weakness: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Acupuncture Treatment Guidelines.

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There was a lack of documentation of myotomal and dermatomal findings to support radiculopathy and the need for an EMG. The clinical documentation submitted for review indicated the injured worker had complaints of numbness and tingling and weakness in the arms and hands. The injured worker was not noted to have undergone surgical intervention for the bilateral hands. There was documentation of a positive Phalen's test and decreased grip strength in the right hand. There was documentation the injured worker underwent prior electrodiagnostic studies, which revealed bilateral median sensory nerve neuropathy consistent with bilateral carpal tunnel syndrome. However, there was a lack of documentation indicating the injured worker had a substantial change in the symptoms or findings from the prior EMG/NCV. Given the above, the request for EMG/NCV for right hand weakness is not medically necessary.

Ortho consult for right shoulder and right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines page 127; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 210-211, 270-271.

Decision rationale: Regarding the hand, the American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The injured worker was noted to have undergone therapy for a year and a half for her right hand with no significant improvement. The request was made for the

injured worker to be seen by a specialist, as she clinically appeared to have carpal tunnel syndrome. The diagnostic studies revealed carpal tunnel syndrome. This portion of the request would be supported. Regarding the shoulder, the American College of Occupational and Environmental Medicine guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The physician documented the request was for a specialist due to shoulder impingement. However, the official MRIs were not provided for review. There was a lack of documentation indicating a failure of treatment specifically directed at the shoulder. Given the above, the request for ortho consult for right shoulder and right hand is not medically necessary.

Paraffin wax therapy for right hand: 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) Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Paraffin wax baths.

Decision rationale: The Official Disability Guidelines indicate that paraffin wax baths are recommended as an option for arthritic hands if they are used as an adjunct to a program of evidence based conservative care, including exercise. The clinical documentation submitted for review failed to provide documentation the injured worker would be undergoing evidence based conservative care. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for paraffin wax therapy for right hand is not medically necessary.

Chiropractic therapy 2x6 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there

should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to provide documentation of improvement in function, decreased pain, and improvement in quality of life. The documentation indicated the injured worker had previously undergone chiropractic care. Given the above and the lack of documentation, the request for chiropractic therapy 2x6 for right shoulder is not medically necessary.

Acupuncture 2x6 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation of clinically significant improvement in activities of daily living or a reduction in work restrictions. Given the above, the request for acupuncture 2x6 for right shoulder is not medically necessary.

30 day supply 180gms of Gabapentin 10% Amitriptyline 10% Bupivacaine 5%and Flurbiprofen 20% Baclofen 5% Desamethasone 2% Capsaicin 0.25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Antidepressants, Topical Antiepileptic Medications, Bupivacaine, Topical Analgesics, Salicylate Topicals, Flurbiprofen, Capsaicin, Baclofen Page(s): 111, 13, 113, 55, 111, 105, 72, 25, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) does not address topical antidepressants or topical corticosteroids and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375: 31 ½-40. <http://www.drugs.com/search.php?searchterm=dexamethasone&a=1>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety "are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Bupivacaine has been recommended as an alternative to clonidine, however a search of FDA guidelines indicate that Bupivacaine is approved for injection. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The requested portion gabapentin, amitriptyline, and bupivacaine would not be supported. The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen, FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Salicylate Topicals are recommended. There is no peer-reviewed literature to support the use of topical baclofen. Per Drugs.com, "Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders". Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was documentation indicating the injured worker had not responded to other treatments. Additionally, there was a lack of documentation indicating the rationale for the use of dexamethasone in the topical cream. The request as submitted failed to indicate the body part to be treated, the frequency and the specific quantity of medication being requested. Given the above, the request for 30 day supply 180gms of Gabapentin 10% Amitriptyline 10% Bupivacaine 5% and Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Capsaicin 0.25% is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine toxicology is not medically necessary.