MAXIMUS Federal Services

Case Number:	CM15-0073190		
Date Assigned:	04/23/2015	Date of Injury:	11/02/2010
Decision Date:	06/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 68-year-old female, who sustained an industrial/work injury on 11/2/10. She reported initial complaints of right upper extremity wrist and elbow pain. The injured worker was diagnosed as having tenosynovitis of hand and wrist, carpal tunnel syndrome, medial epicondylitis, and lateral epicondylitis. Treatment to date has included medication, acupuncture therapy, and home exercises. Currently, the injured worker complains of right elbow and wrist pain. Per the primary physician's progress report (PR-2) on 3/12/15, examination revealed tenderness in the medial and lateral epicondyle, positive Tinel's and Finkelstein's tests and decreased sensation in the second through fourth fingers. Acupuncture treatment gave temporary results (few days). The requested treatments include Ultracin topical lotion, right carpal tunnel injection under ultrasound guidance, right de Quervain's injection under ultrasound guidance, electric shockwave therapy of the right elbow, medial and lateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin top lotion 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105,111and112. Decision based on Non-MTUS Citation ODG Low back pain-Biofreeze Cryotherapy gel.

Decision rationale: The patient is a 68-year-old female with signs and symptoms of possible right carpal tunnel syndrome, De Quervain's tenosynovitis and medial and lateral epicondylitis. Conservative management has included medicines, acupuncture, previous right elbow injection in 2013, bracing in 2013, acupuncture and a home exercise program. Her pain of the elbow and wrist continues to be chronic. Topical Ultacin was recommended noting the patient cannot tolerate NSAIDs. Previously, the patient had been prescribed Neurontin, a muscle relaxant and an NSAID. Ultracin is a compounded agent containing menthol, methyl salicylate and capsaicin. From page 105, Chronic pain, salicylate topical. Recommended: Topical salicylate (e. g. , Ben- Gay, methyl salicylate) is significantly better than placebo in chronic pain. From page 112, capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Further from page 111, 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ACOEM does not specifically address Menthol; however, ODG guidelines state that Menthol is an inactive ingredient in Biofreeze and is only recommended for acute pain treatment in the form of cold therapy. Therefore, Menthol is not supported for use. Based on ACOEM guidelines, if one of the compounding agents is not recommended then the entire compounded agent is not recommended. Ultracin should not be considered medically necessary.

Right carpal tunnel injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The patient is a 68-year-old female with signs and symptoms of possible right carpal tunnel syndrome, De Quervain's tenosynovitis and medial and lateral epicondylitis. Conservative management has included medicines, acupuncture, previous right elbow injection in 2013, bracing in 2013, acupuncture and a home exercise program. Her pain of the elbow and wrist continues to be chronic. Previously, the patient had been prescribed Neurontin, a muscle relaxant and an NSAID. A request was made for right carpal tunnel injection. From page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. There is no evidence that the patient has a severe condition and a recent, specific trial of splinting/bracing has not been documented. Therefore, a steroid

injection would be considered premature, until specific splinting and its response has been documented. A carpal tunnel injection should not be considered medically necessary at this point.

Right De Quervain's injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The patient is a 68-year-old female with signs and symptoms of possible right carpal tunnel syndrome, De Quervain's tenosynovitis and medial and lateral epicondylitis. Conservative management has included medicines, acupuncture, previous right elbow injection in 2013, bracing in 2013, acupuncture and a home exercise program. Her pain of the elbow and wrist continues to be chronic. Previously, the patient had been prescribed Neurontin, a muscle relaxant and an NSAID. A request was made for injection of the right DeQuervain's tenosynovitis. From page 272, Table 11-7, splinting is considered a first-line conservative treatment for DeQuervain's tenosynovitis. There is no evidence that the patient has undergone a recent, specific trial of splinting/bracing. Therefore, a steroid injection would be considered premature, until specific splinting and its response has been documented. A DeQuervain's injection should not be considered medically necessary at this point.

Electric shockwave therapy of the right elbow, medial and lateral, three treatments total: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The patient is a 68-year-old female with signs and symptoms of possible right carpal tunnel syndrome, De Quervain's tenosynovitis and medial and lateral epicondylitis. Conservative management has included medicines, acupuncture, previous right elbow injection in 2013, bracing in 2013, acupuncture and a home exercise program. Her pain of the elbow and wrist continues to be chronic. Previously, the patient had been prescribed Neurontin, a muscle relaxant and an NSAID. A request had been made for extracorporeal shock wave therapy to the right elbow. From ACOEM, Chapter 10, Extracorporeal shock wave therapy is specifically not recommended. Specifically, on page 29, Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]. Therefore, this treatment should not be considered medically necessary.