

<b>Case Number:</b>	CM15-0093641		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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

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 41 year old female, who sustained an industrial injury on 11/19/14. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral wrist strain; bilateral carpal tunnel syndrome; other insomnia. Treatment to date has included bilateral wrist braces; acupuncture; urine drug screening; medications. Diagnostics included EMG/NCV study bilateral upper extremities (9/22/14; MRI right hand/right wrist (1/29/15); MRI left wrist (1/29/15). Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of constant achy pain with medication and the pain levels are 7/10 with associated difficulty sleeping for the right and left wrists. The physical examination notes Tinel's cause's pain bilaterally. A MRI right wrist and left wrist 1/29/15 impression notes radioscapoid joint effusion on both. The right hand MRI impression notes T2W increased signal adjacent to the flexor tendon of the 1st proximal phalanx may reflect tenosynovitis. The EMG/NCV study of the bilateral upper extremities impression notes abnormal NCS revealing evidence suggestive of median nerve entrapment (carpal tunnel syndrome) at the wrist bilaterally and mild C5-6 radiculopathy on the right. Correlation is recommended. The provider has requested acupuncture bilateral wrists 12 sessions; Flurb/ Baclo/Dextro cream; Gaba/Amit/ Bup cream; retrospective request for Ultram/Tramadol HCL 150mg #30 and retrospective request for urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Bilateral wrist times 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for Acupuncture Bilateral wrist times 12 on 3/24/15 "to decrease inflammation and increase circulation." The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Per review of reports, it is not known if the patient had acupuncture sessions prior to this request. However, MTUS Guidelines recommend a trial of 3-6 sessions of acupuncture before additional sessions can be reasonably warranted. Therefore, the requested 8 sessions of acupuncture for the lumbar spine IS NOT medically necessary.

**Gaba/Amit/Bup cream:** Upheld

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

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

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for Gaba/Amit/Bup cream on 3/24/15. The treater does not discuss this request in the reports provided. The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The

efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." According to progress report 3/24/15, the patient presents with chronic bilateral wrist pain and difficulty sleeping. There is limitation of motion of the bilateral wrists. The treater has requested a topical compound cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use per MTUS. Therefore, the entire compound cream is not supported for topical use, either. The requested topical cream IS NOT medically necessary.

**Flurb/ Baclo/ Dextro cream:** Upheld

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

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

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for Flurb/Baclo/Dextro cream on 3/24/15. The treater does not discuss this request in the reports provided. The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. According to progress report 3/24/15, the patient presents with chronic bilateral wrist pain and difficulty sleeping. There is limitation of motion of the bilateral wrists. The treater has requested a topical compound cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use per MTUS. Therefore, the entire compound cream is not supported for topical use, either. The requested topical cream IS NOT medically necessary.

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for IF Unit on 3/24/15 "for home use to help increase proprioception activity of the surrounding soft tissue structures." The treater does not discuss this request in the reports provided. The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. Review of the reports does not show any evidence of interferential units being used in the past. MTUS pages 118-120, under Interferential Current Stimulation: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." ODG-TWC, Pain (Acute & Chronic) Chapter, under Interferential current therapy (IFC) states: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and knee pain. (Van der Heijden, 1999) (Werners, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The treater has not indicated body part to be treated in progress reports. It would appear the interferential stimulator is intended for use in the patient's wrists. MTUS states interferential unit would be indicated for "Significant pain from postoperative conditions" that would limit "the ability to perform exercise programs/physical therapy treatment." ODG Pain chapter does not support IFC for the wrists, as this therapy modality is still under study. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Retrospective request for Urinalysis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Urine Drug Test (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77.

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for Retrospective request for Urinalysis on 3/24/15. The treater does not discuss this request in the reports provided. The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. MTUS p77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, a request for UDS is noted in progress report dated 3/24/15. The treater states that testing is "for prescribed medication management purposes" per 3/24/15 report. It is not known how long patient has been on Tramadol, but the patient is taking Tramadol as of 3/24/15 report. In this case, the treater has asked for drug screen to monitor current opiate usage, which is in line with MTUS guidelines. The request IS medically necessary.

**Retrospective request for Ultram/ Tramadol HCL 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC 7th Edition, 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 3/24/15 progress report provided by the treating physician, this patient presents with constant right wrist pain rated 7/10, constant left wrist pain rated 7/10, and loss of sleep due to pain. The treater has asked for Retrospective request for Ultram/ Tramadol HCL 150mg #30 on 3/24/15. The treater does not discuss this request in the reports provided. The patient's diagnosis per Request for Authorization form dated 3/24/15 is wrist

strain. The patient is s/p MRI of the bilateral wrists from 1/30/15. The patient has not had prior acupuncture treatment per review of reports. The patient is currently using Ibuprofen and Tramadol per 3/24/15 report. A physical exam on 3/24/15 showed decreased range of motion of the bilateral wrists. The patient's work status is "off work until 4/21/15" per 3/24/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 3/24/15, the patient presents with chronic bilateral wrist pain and difficulty sleeping. In this case, the treater has requested Ultram. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is a UDS dated 3/24/15, which does not show any of the prescribed medication including Ultram, and no CURES, or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.