

Case Number:	CM15-0095077		
Date Assigned:	05/21/2015	Date of Injury:	03/20/2012
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 3/19/12. She reported a slip and fall accident when carrying a tray and injuring her lower back and legs. The injured worker was diagnosed as having sacroiliac sprain, lumbar disc bulge with radiculitis, bilateral carpal tunnel syndrome, bilateral shoulder tendonitis, derangement of the knee and cervical disc bulge with radiculitis. Treatment to date has included a trigger point injection to the thoracic spine on 1/8/15, an EMG/NCV showing moderate right carpal tunnel syndrome, physiotherapy, Flurbiprofen 20% Tramadol 180gm (since at least 3/17/15) and a lumbar epidural injection. As of the PR2 dated 4/14/15, the injured worker reports continued pain in her low back, neck, left shoulder, bilateral wrists/hands and right knee. She rates the pain in all areas 7-8/10. Objective findings include decreased range of motion in the cervical spine, lumbar spine and bilateral shoulders. The treating physician requested an Interspec IF unit x 60 day rental with monthly supplies, a referral to a hand surgeon and Flurbiprofen 20% Tramadol 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF unit 60 day rental with monthly supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114-121.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic pain. When seen, pain was rated at 7-8/10. Complaints included bilateral hand numbness and tingling. EMG/NCS testing had shown findings of moderate right and mild left carpal tunnel syndrome. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for 60 days is neither cost effective nor medically necessary to determine efficacy.

Referral to hand surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic pain. When seen, pain was rated at 7-8/10. Complaints included bilateral hand numbness and tingling. EMG/NCS testing had shown findings of moderate right and mild left carpal tunnel syndrome. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has clinical and electrodiagnostic findings of carpal tunnel syndrome. Prior management is poorly documented. It is noted that this is not a request for carpal tunnel surgery, but for an evaluation. Therefore the request is medically necessary.

Topical compound Flurbiprofen 20% Tramadol - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic pain. When seen, pain was rated at 7-8/10. Complaints included bilateral hand numbness and tingling. EMG/NCS testing had shown findings of moderate right and mild left carpal tunnel syndrome. Flurbiprofen is a non-steroidal anti-inflammatory medication.

Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the requested compounded medication was not medically necessary.