

<b>Case Number:</b>	CM14-0155721		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, wrist, and hand pain reportedly associated with an industrial injury of August 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; oral suspension; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for a Ketoprofen containing cream, a Cyclobenzaprine containing cream, Synapryn, Tabradol, Deprizine, Dicoponal, Fanatrex, extracorporeal shock wave therapy, a functional capacity evaluation, MRI imaging of the elbow, MRI imaging of the wrist, MRI imaging of the fingers, and electrodiagnostic of the bilateral upper extremities. The applicant's attorney subsequently appealed. The articles at issue were apparently sought via a Request for Authorization (RFA) form and associated office visit of July 28, 2014. The July 28, 2014 progress note, however, was not seemingly incorporated into the Independent Medical Review packet, although it did apparently appear on the claims administrator's medical evidence log. On June 26, 2014, the applicant presented to her former primary treating provider (PTP) with diagnoses of tendonitis and hypertension. The applicant was reportedly working at that point in time. Acupuncture was sought. Motrin was endorsed. Rheumatology consultation was sought. The applicant had undergone a trigger finger injection; it was noted, with mild improvement. Persistent complaints of hand, wrist, and low back pain were nevertheless noted. The applicant apparently later transferred care to a new primary treating provider on July 28, 2014, who initiated many of the articles at issue. These July 28, 2014 progress note, however, was searched for on multiple occasions and was not uncovered in the existing IMR packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream 165 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 5% cream 100 grams:** 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): 111-113.

**Decision rationale:** relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Synapryn 10mg/ml oral suspension 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Meds.com, Synapryn

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

**Decision rationale:** Synapryn, per the National Library of Medicine, is an amalgam of Glucosamine and Tramadol. However, as noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is recommended in the treatment of arthritis and, in particular, of knee arthritis. The documentation on file, however, establishes a primary diagnosis of hand tendonitis. This is not an indication for Glucosamine. Since one ingredient in the

compound at issue is not recommended, the entire compound is not recommended. Therefore, the request is not medically necessary.

**Tabradol 1mg/ml oral suspension 250ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Cyclobenzaprine. Decision based on Non-MTUS Citation Meds.com, Tabradol

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Medication Guide.

**Decision rationale:** Tabradol, per the National Library of Medicine, is an amalgam of cyclobenzaprine and MSM. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml: 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), Treatment Index, 9th Edition (web), 2011, Chronic Pain- Medical food. Meds.com, Deprizine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as Deprizine (Ranitidine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the admittedly limited progress notes on file do not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

**Dicopanol 5mg/ml oral suspension 150ml: 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), Treatment Index, 9th Edition (web), 2011, Chronic Pain- Medical food. Meds.com, Dicopanol

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Dicopanol Medication Guide

**Decision rationale:** The MTUS does not address the topic. While the National Library of Medicine (NLM) notes that Dicopanol or diphenhydramine is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, however, the admittedly limited documentation on file failed to establish any active symptoms of parkinsonism, motion sickness, and/or allergic reactions, although it is acknowledged that, as with the other request, that the July 28, 2014 progress note on which this and other articles at issue were sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20. Decision based on Non-MTUS Citation Meds.com, Fanatrex

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that Gabapentin is a first-line treatment for neuropathic pain, in this case, however, the applicant's primary stated operating diagnosis is that of hand tendonitis. This is not seemingly an indication for introduction of Fanatrex (Gabapentin), although as with the other request, it is acknowledged that the July 28, 2014 office visit on which this particular article was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Physical therapy for the right elbow, wrist, third and fourth digit QTY:18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Arm and Hand- Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The 18-session course of treatment proposed represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue reportedly present here. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

**Acupuncture treatment for the right elbow, wrist, third and fourth digit QTY 18:** Upheld

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

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

**Decision rationale:** The request in question represents a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant's reliance and seeming dependence on various forms of medical treatment, including physical therapy, extracorporeal shock wave therapy, acupuncture, oral suspension, topical compounds, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite earlier acupuncture in unspecified amounts of over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

**Shockwave therapy right elbow QTY 3: 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), Treatment Index, 9th Edition (web), Extracorporeal Shockwave Therapy (ESWT): Shoulder.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 29, extracorporeal shock wave therapy for the elbow is "strongly recommended against." In this case, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the July 28, 2014 progress note on which this and other article were sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Shockwave therapy, wrist QTY 3: 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), Treatment Index, 9th Edition (web), Extracorporeal Shockwave Therapy (ESWT): Shoulder.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 29, extracorporeal shock wave therapy for the elbow is "strongly recommended against." In this case, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that the July 28, 2014 progress note on which this and other article were sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file,

however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 48-49, 137-138, 181-185, 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, it was not clearly stated why it is necessary to formally quantify the applicant's impairment via a functional capacity evaluation. The applicant was seemingly working regular duty as of June 26, 2014. No clear role for a functional capacity evaluation has been established in this context, although, as with the other request, it is acknowledged that the July 28, 2014 progress note in which the article at issue was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**MRI scan of the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, one of the cardinal criteria for pursuit of an imaging study includes evidence that imaging study result will substantially change the treatment plan and evidence that an applicant will agree to undergo invasive treatment if the presence of a surgically correctible lesion is confirmed. In this case, the admittedly limited information on file makes no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the elbow based on the result of the proposed MRI imaging study, although, as with the other request, it is acknowledged that the progress note on which the article at issue was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

**MRI Scan of the right wrist: 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), Treatment Index, 5th Edition, 2007, Arm and hand- MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, does acknowledge that usage of MRI scans prior to history and physical examination by qualified specialist is "optional," in this case, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed MRI imaging in question would influence the treatment plan. The stated diagnosis was that of hand tendonitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored 0/4 in its ability to identify and define suspected hand tendonitis, the operating diagnosis reportedly present here. Therefore, the request is not medically necessary.

**MRI scan of the right 3rd and 4th fingers:** 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), Treatment Index, 5th Edition, 2007, Arm and hand- MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** The stated operating diagnosis here is that of hand and finger tendonitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, page 269, MRI imaging is scored 0/4 in its ability to identify and define suspected hand/finger tendonitis, the issue reportedly present here. No rationale for selection of this particular imaging study in the face of the unfavorable ACOEM position on the same was proffered by the attending provider, although it is acknowledged that, as with the other request, that the July 28, 2014 progress note on which this and other articles were sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.