

Case Number:	CM13-0001014		
Date Assigned:	05/28/2014	Date of Injury:	03/12/2013
Decision Date:	07/11/2014	UR Denial Date:	06/13/2013
Priority:	Standard	Application Received:	07/08/2013

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 patient is a 25 year old female who was injured on 03/12/2013 while she was pushing a wheelchair when she experienced pain in her neck, left shoulder, elbow, arm and low back. Progress note dated 04/29/2013 documented the patient with complaints of neck pain, aching and throbbing pain that varies in intensity and is present all the time. He complains of left shoulder pain described as aching pain that varies in intensity and is present all the time. He complains of low back pain that varies in intensity. Objective findings on exam reveal positive head compression. There is pain in the neck with motion. There is tenderness over the midline of the cervical left paraspinals and left trapezius. Tinel's sign at the elbow and elbow flexion are positive on the left. Tinel's and Phalen's are positive on the left wrist. There is AC joint tenderness bilaterally. Hawkin's test is positive on the left and Neer's test is positive on the left. Scapula dyskinesis is positive on the left. There is diffuse tenderness over the midline lumbar spine, bilateral paraspinals, left buttock and bilateral PSIS. Straight leg raise is positive on the left. FABER and reverse FABER are positive bilaterally. Diagnoses: 1. Cervicothoracic strain with probable neural encroachment. Left shoulder impingement syndrome. Possible left upper extremity complex regional pain syndrome. Possible left carpal tunnel syndrome/cubital tunnel syndrome. Lumbosacral sprain with possible neural encroachment. Treatment: Physical therapy and acupuncture for 2 times a week for 6 weeks. Medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Pain-Medical Foods and US National Institutes of Health(NIH), National Library of Medicine(NLM), PubMed 2012 (<http://www.ncbi.nlm.nih.gov/pubmed>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per CA MTUS, topical Diclofenac is a topical non-steroidal anti-inflammatory analgesic (NSAID) indicated for the short-term treatment of osteoarthritis for joints amenable to topical treatment. Long-term efficacy is not established. The patient is a 25 year old female who injured her R shoulder and low back pushing a wheelchair at work on 3/12/13. She complains of constant neck, L shoulder, L elbow, and low back pain. Physical examination is significant for tenderness, decreased range of motion, and several positive provocative maneuvers. Osteoarthritis is not established. Rationale for this medication is not provided. Duration of use is not provided. Documentation of functional benefit or objective pain relief is not provided. Medical necessity is not established. Therefore, the request is not medically necessary.

ULTRADERM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2013, Pain-Medical Foods and US National Institutes of Health(NIH), National Library of Medicine(NLM), PubMed 2012 (<http://www.ncbi.nlm.nih.gov/pubmed>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Role of topical emollients and moisturizers in the treatment of dry skin barrier disorders. PubMed.gov US national library of medicine. <http://www.ncbi.nlm.nih.gov/pubmed/14572299>.

Decision rationale: The CA MTUS guidelines do not specifically address the Ultraderm. Per the US National Library of Medicine, Ultraderm is a topical emollient used to break the dry skin cycle and to maintain the smoothness of the skin. The medical records do not document any skin complaints. Therefore, the Ultraderm is not medically necessary.

THERAMINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Treatment Index, 11th Edition(web), 2013, Pain-Medical Foods and US National Institutes of Health(NIH), National Library of Medicine(NLM), PubMed 2012 (<http://www.ncbi.nlm.nih.gov/pubmed>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Medical food.

Decision rationale: Theramine is a dietary medical supplement of aminoacids, neurotransmitters and other elements. CA MTUS does not address the issue of dispute. Per ODG guidelines, medical food is defined as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The patient does not appear to suffer from a disorder for which distinctive nutritional requirements are established. No rationale is provided for this medication request. Medical necessity is not established. Therefore, the request is not medically necessary.