

Case Number:	CM13-0047239		
Date Assigned:	03/12/2014	Date of Injury:	06/26/2012
Decision Date:	08/13/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on 06/26/2012. The mechanism of injury occurred when she was doing a mandated training course for work. The injured worker had a history of pain to the right shoulder, wrist, and hand. The examination on 04/19/2014 records indicated the injured worker had a physical therapy evaluation on 07/23/2012. Objective findings were tenderness in the right wrist and the location of distal radial-ulnar syndesmosis triangular fibrocartilage complex, location right shoulder pain and forward elevation and adduction. There was no reduction in motor strength or sensation function. The right shoulder exam showed slight reduction of shoulder motion and forward elevation in abduction. The examination on 10/14/2013 records indicated the injured worker could return to modified duties with limited use of left hand, limited lifting, pushing and pulling with right hand, 20 pound limit, no repetitive grasping, gripping, or torquing of right upper extremity. The injured worker presented with stress depression, anxiety, sleep disturbance and jaw pain. There was tenderness present on the right shoulder, elbow and wrist. Diagnoses included right wrist sprain, triangular fibrocartilage complex, probably healed right wrist triangular fibrocartilage complex peripheral tear, right shoulder sprain, probably rotator cuff tendinitis. Prior treatments included medication, physical therapy, and acupuncture. Current medication list was not provided. The request is for additional acupuncture 2 times a week for 3 weeks to the right shoulder, wrist, and hand and Cyclobenzaprine cream. The Request for Authorization and rationale were dated 10/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture twice a week for three weeks to the right shoulder, wrist, and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, there is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. The injured worker had received prior acupuncture treatment without objective functional benefit. Without documentation of functional improvement, additional acupuncture is not warranted. As such, the request for additional acupuncture twice a week for three weeks to the right shoulder, wrist, and hand is not medically necessary and appropriate.

CYCLOBENZAPRINE 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: The California Medical Treatment Utilization Schedule (MTUS) guidelines state Cyclobenzaprine is 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. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, there is lack of documentation of the neuropathic pain. There is lack of evidence of trials of antidepressants and anticonvulsants that have failed. The cream is also recommended for short term use. The injured worker had been using medication at least 10 months. Therefore, the request for Cyclobenzaprine cream is not medically necessary and appropriate.