

Case Number:	CM13-0053501		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2005
Decision Date:	03/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 has filed a claim for chronic neck pain wrist pain, shoulder pain, and carpal tunnel syndrome reportedly associated with an industrial injury of September 28, 2005. Thus far, the patient has been treated with the following: Analgesic medications; topical compounds; attorney representation; prior carpal tunnel release surgery; unspecified amounts of physical therapy and acupuncture over the life of the claim; extracorporeal shockwave therapy; and work restrictions. It is unclear whether the patient's limitations have been accommodated or not, it is incidentally noted. In a utilization review report of November 14, 2013, the claims administrator denied a request for acupuncture, denied a request for manipulative therapy, denied a urinalysis, and denied topical compounds. The claims administrator noted that the patient has had prior acupuncture certified on July 16, 2013 and that there were no documentations of the patient's response to the same. The patient's attorney later appealed. A November 6, 2013 progress note is sparse, handwritten, difficult to follow, not entirely legible, and notable for comments that the patient reports multifocal neck, bilateral shoulder, and back pain, 7 to 9/10. The patient exhibits tenderness about the cervical spine, shoulders, lumbar spine with associated limitation in motion. Full wrist range of motion is noted despite pain. An orthopedic referral, pain management consultation, acupuncture, manipulation, and topical compounds are endorsed, along with work restrictions. It is not clear that the patient's limitations have been accommodated. Multiple other progress notes of August 7, 2013 and October 2, 2013 are also reviewed. The patient was given work restrictions at that point. It was not clearly stated if the patient was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for acupuncture 2 times a week for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the eight-session course of treatment being proposed does represent treatment in excess of the guideline. It is further noted that the patient has had prior unspecified amounts of acupuncture over the life of the claim. There is no clear evidence of functional improvement as defined in MTUS 9792.20f following completion of the same. The patient's work status and work restrictions do not appear to materially change from visit to visit. The patient remains highly reliant on various treatments, including manipulation, extracorporeal shockwave therapy, topical compounds, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

The request for Chiropractic therapy 1 time a week for 4 weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in those applicants who achieve and/or maintain successful return to work following introduction of the same, in this case, however, the applicant's work status has not been clearly stated. It is not clearly stated how much cumulative manipulative treatment the applicant has had over the life of the claim. While the applicant has been issued work restrictions, it is not clear that she has in fact been accommodated with said limitations in place. It is not clear that the applicant has achieved and/or maintained successful return to work as a result of the prior manipulative treatment. Accordingly, the request for additional manipulation is not certified.

The request for Urinalysis for toxicology.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addition (tests)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG chronic pain chapter urine-drug testing topic, an attending provider should clearly stated those drug tests and/or drug panels, which he intends to test for alongside any request for authorization for testing. In this case, however, the attending provider has not clearly stated which drug tests and/or drug panels he intends to test for. The attending has not, furthermore, furnished the applicant's complete medication list along with the request for further testing, other ODG criteria for pursuit of the same. Finally, the attending provider has not clearly stated when the last time the applicant obtained urine drug testing was. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request is not certified.

The request for Flurbiprofen/Capsaicin/Menthol/Camphor cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical analgesics or topical compounds such as the agent proposed here, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Accordingly, the request is likewise not certified, on independent medical review.

The request for Ketoprofen/Cyclobenzaprine/Lidocaine 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 Page(s): 111.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor cyclobenzaprine is recommended for topical compound formulation purposes. The unfavorable recommendations on ketoprofen and cyclobenzaprine, two of the ingredients in the compound here, result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified, on independent medical review.