

Case Number:	CM13-0060671		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2008
Decision Date:	06/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

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 Illinois. 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 41-year-old female who reported an injury on 08/27/2008. The mechanism of injury was not provided in the medical records. Her symptoms included pain to both arms especially at the wrists and hands. She stated that both elbows had been quite painful and were equally sore. On examination of the bilateral wrists, there was tenderness to palpation over the ventral bilateral wrists with a positive Tinel's. There was decreased hand grip to both hands. There was tenderness to palpation of medial and lateral elbows as well as proximal forearms bilaterally. There was also noted to be pain with flexion of the elbows. The injured worker was diagnosed with long-term use of medications, and unspecified major depression, recurrent episode. Past medical treatment included physical therapy, TENS unit, home exercise program, hydrocortisone injections, acupuncture, wrist splints, and oral analgesic medications. Diagnostic studies included a bilateral upper extremity EMG dated 08/30/2011, performed by [REDACTED] noted to reveal an abnormal study, moderate bilateral median mononeuropathy at wrist level, left greater than right, with no signs of acute denervation and moderate evidence of ulnar neuropathy on left level of elbow. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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 side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The documentation submitted for review indicated the injured worker has had 6 sessions of acupuncture. However, the documentation failed to provide evidence of functional improvement such as an increase in activities of daily living or a reduction in work restrictions. Therefore, the request is not supported.

KETAMINE 5% 60G: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines further state ketamine is currently under study and only recommended for a treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The documentation submitted for review indicated the injured worker utilizes capsaicin topical cream for pain relief. However, the documentation failed to provide evidence of the need for a topical analgesic. There was no documentation of improved function with the use of the requested medication. Therefore, the request is not supported.