

<b>Case Number:</b>	CM13-0068163		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has filed a claim for CRPS associated with an industrial injury date of December 19, 2008. Utilization review from December 2, 2013 denied the requests for dermatology consult due to know specifics concerning the skin condition and effect on function, paraffin bath due to no documentation of arthritic hands, and office visit in as well as topical pain cream and acupuncture for reasons not available in the documentation. Treatment to date has included oral pain medications, psychological evaluation, cognitive behavioral therapy, FRP, physical therapy, and had surgery. Medical records from 2013 were reviewed showing the patient complaining of constant right hand pain. The patient cannot use the right hand as even touching the second finger can trigger severe pain. The pain is rated at 10/10 all the time. There is a skin lesion noted affecting the second and third fingers. On examination, the second finger was noted to have a bad flexion contracture with all PIP and DIP joint fused. The third finger still has some range of motion with less degree of contracture. There is notable edema and redness change with the right hand. There is allodynia to light touch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DERMATOLOGY CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient was noted to have a skin lesion over the second and third fingers. However, the exact description of the lesion was not indicated in the physical exam. It is also unclear how this lesion affects the patient's everyday functions. Therefore, the request for dermatology consult is not medically necessary.

**OFFICE VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

**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, office visits.

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) Pain Chapter, office visits was used instead. ODG states that office visits are recommended. Regular evaluation and monitoring of treatment outcomes is important in resolving medical problems. In this case, the patient is suffering from chronic pain and will need regular office visits for evaluation of treatment outcomes. However, the requested office visit does not indicate a number of visits. Therefore, the request for an office visit is not medically necessary.

**PARAFFIN BATH FOR HOME USE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Forearm, Wrist, & Hand, paraffin wax bath.

**Decision rationale:** The CA MTUS does not address paraffin wax baths specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Forearm, Wrist, & Hand, paraffin wax bath was used instead. The Official Disability Guidelines state that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a

program of evidence based conservative care such as exercise. In this case, the patient does not suffer from arthritic hands but rather from a complex regional pain syndrome. Therefore, the request for a paraffin bath for home use is not medically necessary.

**TOPICAL PAIN CREAM:** Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the request for topical pain cream does not specify active components or a certain brand. Only a few of compound topical medications are supported by guidelines. Therefore, the request for topical pain cream is not medically necessary.

**SIX (6) ACUPUNCTURE SESSIONS FOR THE RIGHT HAND/FINGERS/CRPS:** Upheld

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

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

**Decision rationale:** As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture as an option when pain medication is reduced or not tolerated and used as an adjunct to physical therapy. In this case, it is unclear what the patient's current medication regimen is according to the latest notes. The efficacy of the current medications was not discussed. There is no discussion concerning the need for reduced medication use. Therefore, at the request for acupuncture is not medically necessary.