

Case Number:	CM13-0072427		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2010
Decision Date:	04/25/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 patient is a 32-year-old female who reported injury on 06/29/2010. The mechanism of injury was cumulative trauma. The patient's diagnoses include reflex sympathetic dystrophy of the upper limb and carpal tunnel syndrome. The patient's medications history included Protonix, Methoderm, and benzodiazepines. The Xanax was noted as of 07/2013, and the Protonix was noted as of 10/22/2013. The examination of 11/14/2013 revealed the patient indicated the medications were effective and the patient had tenderness to palpation over the lateral and medial epicondyle and the olecranon process on the right elbow. The patient had a positive carpal tunnel compression test on the right hand. On sensory examination, the light touch sensation was decreased over the lateral hand and lateral forearm on the right side. Motor strength was 5/5. The request was made for 8 sessions of acupuncture and medication refills. The documentation submitted in appeal dated 12/09/2013 revealed that the patient's medications were helping and the patient tried a TENS unit which was ineffective and chiropractic care which was not effective either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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. The time to produce functional improvement is 3 - 6 treatments. There was lack of documentation indicating the patient would be using it as an adjunct to physical rehabilitation. The clinical documentation submitted for review failed to provide the necessity to exceed guideline recommendations with 8 sessions of acupuncture. The request as submitted failed to indicate the body part to be treated with the acupuncture. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for acupuncture sessions quantity 8 is not medically necessary.

Protonix 20mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient had been taking the medication since 10/22/2013. Clinical documentation submitted for review failed to indicate the patient had dyspepsia. There was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for a prescription of Protonix 20 mg quantity 60 is not medically necessary.

Menthoderm gel 120grams QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylates Page(s): 111, 105.

Decision rationale: California MTUS indicates topical analgesics are 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. The clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants. Given the above, the request for a prescription of Menthoderm gel 120 grams quantity 1 is not medically necessary.