

Case Number:	CM14-0009705		
Date Assigned:	02/21/2014	Date of Injury:	09/28/2005
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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:

This is a 66-year-old female with a 9/28/05 date of injury from cumulative trauma using a computer while working at [REDACTED] worker. She was diagnosed with Carpal Tunnel Syndrome and went back to work in one day. She was declared MMI on 9/25/05. She was most recently seen on 1/8/14 for complaints of neck pain with radiation to the shoulder as well as bilateral shoulder and back pain, all 7/10. The patient is noted to be on anxiety medication secondary to stress with poor sleep and headaches. On 11/14/13 a UR decision denied the request for acupuncture, chiropractic therapy, urinalysis, and topical medications. The request for a urine analysis was not certified given the patient was noted to have a recent drug screen on a 10/2/13 progress note and was noted to be low risk and no rationale was given for a repeat test within a short time interval. The acupuncture and chiropractic treatment were denied given the patient was noted to have received these treatments prior to 7/16/13 extending to at least 11/6/13 with no documentation of functional improvement that warrant additional therapy. The topical Flurbiprofen and Ketoprofen creams were denied given MTUS does not support the use of topical NSAIDS, as well as the fact that the patient was on oral NSAID therapy. A UR decision 1/22/14 non certified these requests for the same reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE (1) TIME A WEEK FOR FOUR (4) WEEKS FOR THE NECK:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Page(s): 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient has had an unknown amount of visits of acupuncture and there is no documentation that acupuncture has been of any benefit. Therefore, the request for additional acupuncture was not medically necessary.

CHIROPRACTIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY &

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. The patient has had an unknown amount of visits of chiropractic therapy and there is no documentation that it has been of any benefit. The request for additional chiropractic therapy was not medically necessary.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, screening for. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS §9792.24.2. Chronic Pain Medical Treatment Guidelines 2009 (Drug Testing, Urine testing).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is not noted to be on any narcotics and had a recent urine drug screen performed on 10/2/13. The rationale for another urine drug screen

was not specified given the patient is low risk. Therefore, the request for urinalysis was not medically necessary.

FLURBIPROFEN 120 MG CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: §9792.24.2. Topical Analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical Flurbiprofen is not medically necessary.

KETOPROFEN 120 MG CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: §9792.24.2. Topical Analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Ketoprofen cream is not medically necessary.