

Case Number:	CM14-0151674		
Date Assigned:	09/19/2014	Date of Injury:	05/20/2005
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 59-year-old female who reported an injury on 06/15/2012 while doing her customary duties, she developed right shoulder pain from repetitively stacking boxes onto a shelf. The injured worker complained of upper extremity pain and neck pain. The injured worker had a diagnosis of right shoulder pain and residual pain. The prior surgeries included right shoulder surgery x2 and bilateral carpal tunnel release. The diagnostics of the cervical spine dated 05/16/2013 revealed disc protrusion at the C4-5 and C6-7 with severe central narrowing. Neural foraminal narrowing, which was severe bilateral at the C4-5 and C5-6. The past treatments included physical therapy and medications. The injured worker rated her pain with medications 6/10 and without medications a 6/10. The physical examination dated 08/29/2014 of the upper extremities revealed a well healed scar. Tenderness was noted on palpation at the right anterior shoulder. The range of motion of the right shoulder was decreased secondary to pain. Grip strength testing with a Jamar hand dynamometer was left 40, 40, and 40. Associated findings in the upper extremities include hypersensitivity to the right upper extremity, no allodynia noted on examination, and unable to perform the JAMAR test on the right side. The treatment plan included continued home exercise program and ongoing exercise education program was initiated. The treatment plan included a program consultation and acupuncture at 8 visits and TG hot cream. The Request for Authorization dated 09/19/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R program consultation chronic pain management and prescription detoxification with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines referral or consultation Page(s): 78.

Decision rationale: The request for NESP-R program consultation chronic pain management and prescription detoxification with [REDACTED] is not medically necessary. The California MTUS recommend the consultation of a consultant with a multidisciplinary pain clinic if doses of opioid are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical notes did not indicate the dose of opiates that is required to manage the injured worker's pain or how long the injured worker had been taking the pain medication. As such, the request is not medically necessary.

TGHot 240gm (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%): Upheld

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

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

Decision rationale: The request for TGHot 240gm (Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2%, Capsaicin 0.05%) is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely in use with much randomized control trials when trials of antidepressants and anticonvulsants have failed. Any compounded produce that contains at least 1 drug (or drug class) that is not recommended is not recommended. The approval of tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended. There is no peer reviewing literature to support the use of capsaicin. It is only recommended as an option in patients who have not responded or tolerated to any other treatments. The guidelines do not recommend any of the components of TGHot. Therefore, it is not recommended. The request did not indicate the frequency, the dosage, or the duration. As such, the request is not medically necessary.

Acupuncture; eight (8) visits, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture; eight (8) visits, right shoulder is not medically necessary. 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 adjunction to physical rehabilitation or/and surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication, medication induced nausea, promote relaxation in the anxious patient, and reduce muscle spasms. 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 reduction in work restrictions. The injured worker is currently in physical therapy with 4 visits left. The documentation did not indicate that her medication had been reduced or not tolerated. As such, the request is not medically necessary.