

Case Number:	CM14-0156725		
Date Assigned:	09/26/2014	Date of Injury:	06/25/2014
Decision Date:	10/30/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 06/25/2014. The mechanism of injury occurred when the injured worker was using a piece of equipment called a High Jack and upon lowering it, it spun very quickly and hit his left thumb fracturing it. The injured worker's diagnoses included a left thumb fracture, tenosynovitis of the wrist and de Quervain's tenosynovitis, and tendinitis of the right finger. The injured worker's past treatments included medications and immobilization. The injured worker's diagnostic exams included an x-ray of the left hand. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/29/2014, the injured worker complained of left thumb pain that was intermittent. He rated his pain at 4/10 and described it as sharp and tingling. He also noted there was numbness intermittently of the distal phalanx of the thumb. The injured worker reported that he had weakness of the pinch and grip sensation and that his pain radiated to the external aspect of the left forearm. The physical exam revealed tenderness to palpation of the left thumb over the carpometacarpal joint. There were normal sensory examinations. A positive Finkelstein's test with mild positive resisted extension of the left wrist was noted. The injured worker's medications included Fenopufen 400 mg and cyclobenzaprine 7.5 mg. The treatment plan consisted of the utilization of the paraffin wax baths, 6 ultrasound treatments, a prescription of multivitamins and minerals, and the use of cyclobenzaprine 7.5 mg. A request was received for unknown paraffin wax baths, 6 ultrasound treatments, unknown prescription of multivitamins and minerals, and cyclobenzaprine 7.5 mg #60. The treatment plan consisted of the utilization of the paraffin wax baths, 6 ultrasound treatments, a prescription of multivitamins and minerals, and the use of Cyclobenzaprine 7.5 mg. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was signed and submitted on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Paraffin Wax Baths: Upheld

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

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 baths

Decision rationale: The request for an unknown paraffin wax bath is not medically necessary. The Official Disability Guidelines recommend paraffin wax bath as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. According to studies, paraffin wax baths combined with exercise can be recommended for beneficial short term effects of arthritic hands. Based on the clinical notes, the injured worker does not have a diagnosis of arthritic etiology. The use of paraffin wax baths is contingent on the indication of arthritic hands. The injured worker had a diagnosis of left thumb fracture, which does not warrant the use of paraffin wax baths. Therefore, due to lack of support for the guidelines for the use of paraffin baths for the indication of a left thumb fracture, the request is not supported. Thus, the request for Unknown Paraffin Wax Baths is not medically necessary.

6 Ultrasound Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic, Page(s): 123.

Decision rationale: The request for 6 ultrasound treatments is not medically necessary. The California MTUS Guidelines do not recommend therapeutic ultrasound as a treatment for pain. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Based on the clinical notes, the injured worker complained of left thumb pain that was intermittent, sharp, and tingling. He rated his pain at 4/5-10 with intermittent numbness into the distal phalanx of the thumb. Although, the injured worker had these complaints, the guidelines do not support the use of ultrasound for the indication of left thumb fracture, or the treatment of pain. Therefore, the request is not supported. Thus, the request for 6 Ultrasound Treatments is not medically necessary.

Unknown Prescription of Multivitamins and Minerals: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Multivitamins with minerals

Decision rationale: The request for unknown prescription of multivitamins and minerals is not medically necessary. Drugs.com indicates that multivitamins with minerals are used for treating or preventing low levels of vitamins and minerals in the body. Multivitamins with minerals is a vitamin and a mineral supplement. It works by providing extra vitamins and minerals to the body when you do not have enough from your diet. Based on the clinical notes, the injured worker did not have a diagnosis of vitamin deficiency or any symptoms relating to such. The use of vitamins and minerals should be based on the indication that the injured worker has a low level of vitamins and minerals in the body. Also, it is known that you can receive the proper amount of vitamins and minerals by alternating your diet and choosing foods high in vitamins and minerals. The injured worker can obtain foods and drinks that provide enough vitamins and minerals in the body to adequately maintain his vitamin and mineral levels. Therefore, due to a lack for the need of the medication, the request is not supported. Thus, the request for Unknown Prescription of Multivitamins and Minerals is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request for Cyclobenzaprine 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The efficacy of this medication appears to diminish over time and prolonged use of the medication in this class may lead to dependence. Ongoing use of this medication is contingent on the documentation of quantitative pain relief and the indication of increased ability to perform activities. In regard to the use of Cyclobenzaprine, it is recommended for a short course of therapy and mixed evidence does not allow for recommendation for chronic use. Based on the clinical notes, the injured worker did not have any complaints of muscle spasms or etiology relating to such. The use of muscle relaxants for pain is contingent on the diagnosis of chronic low back pain and complaints of spasms. The clinical notes failed to indicate any complaints of spasms or low back pain. Therefore, due to lack of diagnosis indicating low back pain and spasms upon physical examination, the request is not supported. Additionally, the request did not include a frequency of dose. Thus, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.