

Case Number:	CM14-0165249		
Date Assigned:	10/20/2014	Date of Injury:	03/30/2011
Decision Date:	11/24/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, wrist pain, shoulder pain, anxiety, and depression reportedly associated with cumulative trauma at work first claimed on March 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of physical therapy; earlier carpal tunnel release surgery on June 10, 2014; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator apparently partially approved a request for 12 sessions of acupuncture as six sessions of the same while denying a request for unspecified topical compounds and oral medications. In a handwritten note, difficult to follow, not entirely legible, seemingly dated July 1, 2014, the applicant presented with multifocal shoulder, wrist, elbow, and neck pain, reportedly severe. The applicant was given an injection of oral Toradol and given prescriptions for unspecified topical compounded medications and pain patches. The applicant is kept off of work, on total temporary disability, for an additional 30 to 45 days. 12 sessions of acupuncture were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounds and oral medication for bilateral wrist pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to "tailor medications and dosages" to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that an attending provider should be "knowledgeable" regarding prescribed information and adjust the dosing to the individual applicant. In this case, however, the attending provider has not identified the names, amounts, quantity, and/or dosages of the topical compounds and/or oral medications at issue. Therefore, the request is not medically necessary.