

Case Number:	CM14-0172224		
Date Assigned:	10/23/2014	Date of Injury:	04/27/1999
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 52 year-old female with a date of injury of April 27,1999. The patient's industrially related diagnoses include bilateral shoulder pain, bilateral wrist pain, and right elbow pain. The disputed issues are a request for 4 massage therapy sessions, a cervical pillow and a prescription for 8 oz. of [REDACTED] cream. A utilization review determination on 9/19/2014 had non-certified these requests. The stated rationale for the denial of massage therapy was: "The guidelines recommend massage as an adjunct to other treatments. Considering that her shoulder pain is chronic and there is no evidence of carpal tunnel syndrome diagnosis or other failed treatments, the provider's prospective request for massage therapy sessions is recommended non-certified." The stated rationale for the denial of a cervical pillow was: "In this case, there are no subjective complaints of neck pain or associated sleeping difficulties, as well as no objective findings of cervical spine dysfunction. Also, the provider did not report a specific cervical spine diagnosis. Based on these factors, the medical necessity for a cervical pillow as recommended by the ODG has not been established by the provider." Lastly, the stated rationale for the denial of [REDACTED] Cream was that both the ACOEM guidelines and ODG and national guidelines clearinghouse provide no evidence-based recommendations supporting the topical application of either menthol or camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy (4-sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy

Decision rationale: In regard to the request for massage therapy, Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. The guidelines state that treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. In the case of this injured worker, there is documentation of chronic pain in bilateral shoulders, wrists, and hands. At the time of the massage therapy request, the injured worker was getting acupuncture treatments with benefit. There was documentation that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities such as home exercises, stretches, heat, and acupuncture. Therefore, based on the guidelines and documentation, the request for four massage therapy sessions is medically necessary.

1 Cervical Pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. 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) Neck and Upper Back Chapter, Cervical Pillow

Decision rationale: In regard to the request for a cervical pillow, the California MTUS does not address the issue. The Official Disability Guidelines recommend the use of a neck support pillow for patients with chronic neck pain while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, the health care provider does recommend home exercises, stretches, and heat but there is no documentation of adherence to a daily independent home exercise program. Furthermore, there is no documentation that the injured worker was diagnosed with chronic neck pain and there is no subjective or objective evidence of cervical spine complaints. In the absence of such documentation, the request for 1 cervical pillow is not medically necessary.

1 Prescription for 8oz jar of [REDACTED] Cream: 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: [REDACTED] Warm Therapy Cream is a topical formulation that consists of menthol and camphor (according to the [REDACTED] website). The California MTUS Guidelines states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. In the case of this injured worker, the healthcare provider requested [REDACTED] Heating Cream but there was no documentation regarding where this topical cream would be applied. The [REDACTED] cream is an over-the-counter (OTC) medication that has not been evaluated by the FDA. While the guidelines are silent regarding camphor and menthol, they state that there is little to no research to support the use of many of these agents. Furthermore, there is no clear rationale for the use of this topical medication rather than the FDA-approved oral forms for this patient. Therefore, the request is not medically necessary.