

Case Number:	CM14-0027769		
Date Assigned:	06/13/2014	Date of Injury:	05/15/2010
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 shoulder pain, wrist pain, carpal tunnel syndrome, and neck pain reportedly associated with an industrial injury of May 15, 2010. Thus far, the applicant has been treated with analgesic medications; attorney representations; and topical compounded drugs. In a February 18, 2014 a utilization review report, the claims administrator denied a request for six sessions of acupuncture and 12 sessions of physical therapy. In a progress note dated February 4, 2014, the applicant was described as using Vicodin. The applicant had persistent shoulder and neck complaints status post earlier left shoulder arthroscopy. The applicant was also using a topical compounded gel. The applicant exhibited limited shoulder range of motion with flexion and abduction to 126-degree range. Oral Tramadol was endorsed for pain relief while the applicant was placed off of work, on total temporary disability. An earlier note of November 13, 2013, the applicant was again placed off of work, on total temporary disability. A topical compounded drug was endorsed on this occasion as well. In a doctor's first report (DFR) of the new attending provider dated January 27, 2014, 12 sessions of physical therapy, six sessions of acupuncture, DNA testing, and various topical compounds were endorsed while the applicant was again seemingly placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

240GM CAPSAICIN 0.025% FLURIBIPROFEN 15% TRAMADOL 15% MENTHOL 2% CAMPHOR 2%: 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 capsaicin Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last-line agent, to be employed only when an applicant developed intolerance to and/or fails multiple other analgesic medications. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. The applicant's ongoing use of a variety of oral agents; including Tramadol and/or Hydrocodone, effectively obviate the need for the capsaicin containing topical compound. Therefore, the request is not medically necessary.

240GM FLURBIPROFEN 25% LIDOCAINE 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the Flurbiprofen, Lidocaine containing cream proposed here. Therefore, the request is not medically necessary.

ACUPUNCTURE 6 VISITS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS, acupuncture can be employed in a wide variety of context, including in the chronic pain context reportedly present here. In this case, the applicant has multifocal chronic pain complaints. There was no clear evidence that the applicant had undergone acupuncture at any point during the course of the claim. No acupuncture progress notes were incorporated into the Independent Medical Review package. The six-session course of acupuncture does conform to the three to six treatments course deemed necessary to produce functional improvement. Therefore, the request is medically necessary.

PHYSIOTHERAPY 12 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The 12-session course of treatment proposed here does, in and of itself, represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue reportedly present here. In this case, no clear rationale for treatment in excess of the MTUS parameters was provided. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a clear prescription for physical therapy which clearly states treatment goals. In this case, no clear rationale for physical therapy treatment in excess of the MTUS parameters was provided. Therefore, the request is not medically necessary.

Sensory Nerve Conduction Studies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11, page 261 do support appropriate electrodiagnostic testing, including the nerve conduction testing being proposed here, to help differentiate between a suspected carpal tunnel syndrome and/or cervical radiculopathy, in this case, however, the documentation of file, specifically doctor's first report (DFR) with the applicant's new primary treating provider (PTP), is not clearly stated. No clear rationale for the nerve conduction testing in question was provided. It was not clearly stated what was suspected and/or what items were on the differential diagnoses list. Therefore, the request is not medically necessary.