

Case Number:	CM14-0046781		
Date Assigned:	07/09/2014	Date of Injury:	04/15/2009
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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:

Patient is a 51 year-old female with date of injury 04/15/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/19/2014, lists subjective complaints as chronic neck pain, right arm pain and right carpal tunnel syndrome. Objective findings: Examination of the cervical spine revealed mild tenderness and minimal spasm in the right paravertebral and trapezius musculature. Range of motion is restricted due to pain. The patient had slight weakness of the right shoulder abduction at 5-/5 with discomfort. Diagnosis: 1. Cervicalgia with right upper extremity radiculopathy. 2. Status post right carpal tunnel release with carpal tunnel syndrome. The medical records provided for review document no evidence that the patient was prescribed the following medication before the request for authorization on 03/19/2014. Medications: 1. Compound Ointment: Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aquatic Therapy Page(s): 98-99, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 22 Page(s): 22.

Decision rationale: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The patient has had a carpal tunnel release, as shoulder problems and neck problems. Aqua therapy as an optional form of physical therapy used with it is desirable that the patient not bear weight. None of the injured body parts are amenable to this type of therapeutic approach. The request is not medically necessary.

Compound Ointment: Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine and Lidoderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 111-113 Page(s): 111-113.

Decision rationale: A compounded ointment contains cyclobenzaprine. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. The request is not medically necessary.