

Case Number:	CM14-0082815		
Date Assigned:	07/21/2014	Date of Injury:	07/02/2013
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male, who reported injuries to his right upper extremity due to pulling and jerking a trimmer, which had gotten stuck on a piece of rebar on 07/02/2013. On 04/21/2014, his diagnoses included right shoulder periscapular strain/impingement syndrome, right upper extremity overuse syndrome inclusive of forearm and wrist flexor and extensor tenosynovitis, and right elbow medial and lateral epicondylitis and cubital syndrome. His complaints included pain and stiffness of the right upper extremity from the shoulder down to the hand. There was a positive impingement and cross arm test. Regarding the forearm, Cozen's test and reverse Cozen's test were both positive for right elbow medial and lateral epicondyle pain. Tinel's test and the bent elbow test were both positive for paresthesia into the 3rd and 4th fingers of the right hand. X-rays of the right shoulder revealed marked acromioclavicular joint degeneration with hypertrophy and inferior bony spurring. Among the treatment plan recommendations was a request for a short course of chiropractic manipulative therapy with myofascial release at a frequency of 2 times a week for 4 weeks with the therapeutic objective of decreasing pain and muscle guarding as well as restoring strength, range of motion, and function. 6 chiropractic visits were approved on 05/15/2014. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin topical lotion: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. The Expert Reviewer's decision rationale: The request for Dendracin topical lotion is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including local anesthetics. There is little to no research to support many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Dendracin lotion contains methyl salicylate, benzocaine, and menthol. Methyl salicylate has not been evaluated by the FDA for topical use in humans. The only local anesthetic approved by the FDA for topical use in humans is Lidocaine 5% transdermal patch for neuropathic pain. The ingredients in this lotion are not approved by the guidelines. Additionally, the body part or parts to which this lotion was to have been applied was not specified in the request, nor was the frequency of application. Therefore, this request for Dendracin topical lotion is not medically necessary.

Chiropractic manipulative therapy w/ myofascial release QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pages 58-60. The Expert Reviewer's decision rationale: The request for chiropractic manipulative therapy with myofascial release quantity 8 is not medically necessary. Per The California MTUS Guidelines, "chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Chiropractic treatment is not recommended for forearm, wrist, or hand. Measured improvement should be seen within 3 to 6 visits of chiropractic treatment. 6 visits of chiropractic treatment were previously approved for this injured worker, but the submitted documentation did not include any notes regarding the approved chiropractic therapy, including whether or not the visits had ever taken place and, if so, what were the results of the treatments." Additionally, the request did not specify a body part for the manipulative therapy or myofascial release. Therefore, this request for chiropractic manipulative therapy with myofascial release quantity 8 is not medically necessary.

