

Case Number:	CM14-0091849		
Date Assigned:	07/25/2014	Date of Injury:	10/16/2013
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 23-year-old female was reportedly injured on October 16, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of right elbow pain and stiffness as well as right-sided wrist pain with numbness and tingling. The physical examination demonstrated decreased range of motion of the right elbow and tenderness over the lateral aspect of the right elbow. There was a positive Cozen's test and a positive positive Mills test. Examination of the right wrist noted decreased range of motion and a positive Tinel's test and Phalen's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and physiotherapy. A request had been made for Capsaicin 0.25% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2%, Cyclobenzaprine 2% Flurbiprofen 25%, acupuncture, and physiotherapy is not medically necessary in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The records presented for review indicate that this 23-year-old female was reportedly injured on October 16, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of right elbow pain and stiffness as well as right-sided wrist pain with numbness and tingling. The physical examination demonstrated decreased range of motion of the right elbow and tenderness over the lateral aspect of the right elbow. There was a positive Cozen's test and a positive positive Mills test. Examination of the right wrist noted decreased range of motion and a positive Tinel's test and Phalen's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and physiotherapy. A request had been made for Capsaicin 0.25% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2%, Cyclobenzaprine 2% Flurbiprofen 25%, acupuncture, and physiotherapy and was not certified in the pre-authorization process on May 12, 2014 Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Capsaicin 0.25% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Cyclobenzaprine 2% Flurbiprofen 25% is not medically necessary.

Acupuncture 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 13 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines acupuncture is considered as an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The attached medical record does not contain any information that pain

medication for the injured employee has been reduced or is not tolerated. Considering this, this request for acupuncture is not medically necessary.

Physiotherapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434.

Decision rationale: According to the American College of Occupational and Environmental Medicine a therapist should document objective evidence of functional improvement in order to justify continued care for physiotherapy. It is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evidence within 2 to 3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. As this is for 12 visits, this request for 12 visits of physiotherapy is not medically necessary.