

<b>Case Number:</b>	CM14-0098280		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 38-year-old male with a reported date of injury on 05/01/2013. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include cervical and myofascial sprain/strain, impingement syndrome to the right shoulder, right wrist carpal tunnel syndrome and right elbow cubital tunnel syndrome. His previous treatments were noted to include physical therapy, acupuncture and medications. The progress note dated 07/07/2014 revealed the injured worker complained of cervical pain rated 7/10, right shoulder pain rated 7/10, right elbow pain rated 4/10 and right wrist pain rated 7/10. The physical examination revealed decreased range of motion to the lumbar spine and right shoulder. The Request for Authorization form was not submitted within the medical records. The request for 12 sessions of infrared, elect acupuncture 15 minutes and capsaicin patch, 1 urine drug test and 1 NIOSH; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of infrared, elect acupuncture 15 mins and capsaicin patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Topical Analgesics Page(s): 98, 8-9.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The California Chronic Pain Medical Treatment Guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain). The guidelines recommend active therapy as opposed to passive therapy such as infrared and acupuncture. The request for 12 sessions of acupuncture exceeds guideline recommendations and there is lack of documentation regarding quantifiable objective functional improvements with previous acupuncture therapy. The request for a Capsaicin patch does not specify percentage as to which will be utilized. Therefore, the request is not medically necessary.

**1 Urine drug test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The injured worker has participated in a urine drug screen in 04/2014 and 06/2014. The guidelines recommend drug testing as an option and state using a urine drug screen to assess for the use or presence of illegal drugs is recommended. The injured worker participated in a urine drug screen in 04/2014 and an additional urine drug screen is not warranted at this time. There is lack of documentation regarding the injured worker being at high risk for drug abuse to warrant frequent random urine drug testing; therefore, the request is not medically necessary.

**1 NIOSH:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work-related musculoskeletal disorders of the neck, back, and upper extremity in Washington State. Olympia, WA: Department of Labor and Industries, 40-11(2007) 1-98.

**Decision rationale:** The injured worker complained of cervical/right shoulder/right elbow and bilateral wrist pain. "Carpal tunnel syndrome (CTS) is the compression of the median nerve at the wrist, due to ischemia or inflammation. CTS is characterized by numbness, tingling, or pain in the median nerve distribution of the hand (first 3 fingers), frequently worse symptoms at night. Work-related CTS has been associated with high repetition, force, awkward wrist postures and segmental vibration (Bernard, 1997; Viikari-Juntura and Silverstein, 1999). A recent study by Ettema (2006) suggested that shear forces related to rapid or forceful finger motions cause tendon scarring in the carpal tunnel. Melchior (2006) reported increased risk with wrist flexion of more than two hours per day in women." There is a lack of documentation of subjective or objective findings that would require additional testing. Therefore, the request is not medically necessary.