

Case Number:	CM14-0204042		
Date Assigned:	12/16/2014	Date of Injury:	09/13/2006
Decision Date:	02/03/2015	UR Denial Date:	11/09/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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 with reported date of injury on 9/13/2006. Mechanism of injury is from cumulative trauma. Patient has a diagnosis of R wrist tendinitis and R shoulder strain. Medical reports reviewed. Last report available until 10/27/14. Progress notes are hand written and tends to be brief. Patient complains of R wrist pain associated with numbness and tingling. Pain is moderate. Objective exam reveals tenderness to flexor tendons, positive Tinel's and moderately decreased range of motion. R shoulder also reveals tenderness and positive range of motion. No medication list was provided. Some records show that patient has been on ativan. Report from 3/21/14 state that patient has undergone wrist physical therapy (up to 8 sessions) and reportedly was "improved". Several records including report by cardiology provided show issues with patient's heart related to hypertensive cardiomyopathy. Independent Medical Review is for Motrin 800mg #120, Ultracin topical lotion #120ml and 8 sessions of physical therapy. Prior Utilization Review on 11/9/14 recommended certification for motrin, non-certification for Ultracin and modification of physical therapy to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patient's with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Primary NSAID is naproxen in addition to/or aspirin. The prescription does not correlated with short term use and the provider does not seem to be monitoring patient for cardiovascular complications. Motrin is not medically necessary.

Ultracin topical lotion 120ml: 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 Analgesics Page(s): 111-113.

Decision rationale: Ultracin is a topical medication containing several compounds. it contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Methyl-Salicylate: Shown to the superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is wrist and may be beneficial. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of capsaicin or failure of other medications. Not medically necessary. 3) Menthol: there is no information about menthol in the MTUS. Capsaicin is not medically recommended therefore Ultracin is not medically necessary.

8 sessions of physical therapy (wrist and hand): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented completion of at least 8 prior PT sessions and had reported improvement. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. For the patient's diagnosis, MTUS do not recommend more than 10 physical therapy sessions without proper justification. The additional number

requested is excessive and has exceeded the already recommended number. Additional 8 physical therapy sessions are not medically necessary.