

Case Number:	CM15-0108866		
Date Assigned:	06/15/2015	Date of Injury:	07/03/2013
Decision Date:	09/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury on 7/3/13. She subsequently reported multiple areas of pain resulting from cumulative trauma. Diagnoses include right and left carpal tunnel syndrome, left knee meniscus tear and left knee pain. Treatments to date include diagnostic testing, physical therapy and prescription pain medications. The injured worker continues to report bilateral wrist and knee pain. Upon examination, the bilateral knee, wrist and hand ranges of motion are decreased and painful. Tinel's and Phalen's are positive bilaterally. Muscle spasm is noted in and McMurray's causes pain in the bilateral knees. A request for Urine analysis testing, QTY: 1, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm, QTY: 1, Acupuncture, once weekly for the bilateral wrists, QTY: 6, ESWT, bilateral wrists, QTY: 1 and Physical therapy, once weekly, for the bilateral wrists, QTY: 6 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis testing, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening.

Decision rationale: Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate use of an opioid medication that would necessitate drug screening. The request for a urine drug test is not medically necessary and appropriate.

Gabapentin 10%, Menthol 2%, Camphor 2% 180gm, QTY: 1: 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 agents Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, gabapentin is not recommended due to its lack of efficacy in a compounded formulation. The request for topical capsaicin/flurbiprofen/gabapentin/menthol/camphor is not medically appropriate and necessary.

Acupuncture, once weekly for the bilateral wrists, QTY: 6: 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.

Decision rationale: Guidelines note that 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. In this case, there is no documentation that the concurrent request for EMG/NCV failed which should be assessed prior to considering additional treatment such as acupuncture. The request for 6 acupuncture sessions is not medically appropriate and necessary.

ESWT, bilateral wrists, QTY: 1: 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 Official Disability Guidelines (ODG) Shock wave therapy.

Decision rationale: Guidelines note that ESWT 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. In this case, there is no documentation that the concurrent request for EMG/NCV failed which should be assessed prior to considering additional treatment such as ESWT. The request for ESWT sessions is not medically appropriate and necessary.

Physical therapy, once weekly, for the bilateral wrists, QTY: 6: 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 Physical medicine Page(s): 98-99.

Decision rationale: Guidelines note that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. In this case, there is no documentation that the concurrent request for EMG/NCV failed which should be assessed prior to considering additional treatment such as physical therapy. The request for 6 physical therapy sessions is not medically appropriate and necessary.