

Case Number:	CM15-0144355		
Date Assigned:	08/05/2015	Date of Injury:	10/09/2014
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/24/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 51-year-old male who sustained an industrial injury on 10-09-14. Initial complaints and diagnoses are not available. Treatments to date include wrist surgeries and therapies. Diagnostic studies include x-rays and scans. Current complaints include bilateral shoulder, left wrist, left calf and left lower leg pin. Current diagnoses include bilateral wrist fracture status post-surgery, bilateral shoulder sprain and strain, and other diagnoses, which are difficult to decipher. In a progress note dated 06-03-15 the treating provider reports the plan of care as medications including Ultram and Flurbiprofen cream, as well as a Solar Care FIR heating system, acupuncture to the bilateral shoulders and left elbow, and physical therapy for the bilateral wrists. Also requested are a MRI of the brain and CT scans of the bilateral wrists. The requested treatments include Solarcare FIR heating system and Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Solarcare FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 203, 265, 369.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs. (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no evidence to support the efficacy and superiority of Solar FIR heating over conventional heating packs for the treatment of patient shoulder, wrist and ankle pain. There is no clear evidence from the guidelines to favor the use of infrared hot therapy in this case. Therefore, the request for One (1) Solarcare FIR heating system is not medically necessary.

Topical compound Flurbiprofen cream with 1 refill: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic shoulder and wrist pain. There is no clear evidence that the patient failed or was intolerant to first line oral therapies such as oral NSAID. Based on the above Topical compound Flurbiprofen cream with 1 refill is not medically necessary.