

Case Number:	CM15-0181284		
Date Assigned:	09/22/2015	Date of Injury:	12/05/2014
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old who sustained an industrial injury on 12-05-2015. Diagnoses include contusion and sprain of the right thumb, cervical spine strain, and right shoulder sprain of unspecified site of shoulder and upper arm. She complains of stress, anxiety and sleep disturbances. A physician progress note dated 08-04-2015 documents the injured worker complains of intermittent cervical spine pain rated 4 out of 10 and it is increased with movement and radiates to the right trapezius. She has right shoulder pain that she rates as 3-5 out of 10 that is a frequent ache with movement. Right wrist pain is 3 out of 10, and it is tender at the CMC joint. She guards her right arm. She received a trigger point injection with this visit. Her medications help with pain and spasm. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, right wrist injections, and multiple trigger point injections to the right shoulder and neck. Medications include Ibuprofen, and Prilosec. An Electromyography and Nerve Conduction Velocity of the upper extremities done on 06-30-2015 showed no evidence of entrapment neuropathy of the median, ulnar and radial nerves. No radiculopathy was found and no evidence of distal peripheral neuropathy of the upper extremities. She is approved for modified duty, but it is not available. A Request for Authorization dated 08-06-2015 is for Cyclobenzaprine 1%, Tramadol powder 10%, Ultraderm base 180 grams (Cyclo/Ultram) Qty: 2.00, Thumb-0-prene by procare and physical therapy to the cervical spine, right shoulder, right hand and thumb Qty: 6.00. On 08-27-2015 the Utilization Review non-certified the requested treatment for physical therapy to the cervical spine, right shoulder, right hand and thumb Qty: 6.00. The request for Topical compound:

Cyclobenzaprine 1%, Tramadol powder 10%, Ultraderm base 180 grams (Cyclo/Ultram) Qty: 2.00 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine, right shoulder, right hand and thumb Qty: 6.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Topical compound: Cyclobenzaprine 1%, Tramadol powder 10%, Ultraderm base 180 grams (Cyclo/Ultram) Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect, and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, MTUS specifically does not recommend cyclobenzaprine for topical use. This request is not medically necessary.