

Case Number:	CM15-0199323		
Date Assigned:	10/19/2015	Date of Injury:	08/11/2008
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 8-11-2008. The injured worker was being treated for left elbow lateral epicondylitis, left ulnar tendonitis, and left carpal tunnel syndrome. Medical records (5-5-2015 and 9-15-2015) indicate ongoing increased pain of the left elbow and hand with numbness and tingling of the hand. Per the treating physician, (9-15-2015 report) acupuncture has been beneficial. The physical exam (9-15-2015) reveals full left elbow range of motion without pain, ongoing tenderness over the lateral epicondyle, the extensor forearm, and the radial tunnel. There is full range of motion of the left elbow without pain, tenderness over the ulnar wrist and Guyon's canyon, and positive left wrist Tinel's and Phalen's signs. Diagnostic studies were not included in the provided medical records. Treatment has included acupuncture, a home exercise program, work restrictions, ice, heat, a right wrist splint, and medications including Voltaren gel 1% since at least 5-2015 and non-steroidal anti-inflammatory. Per the treating physician (9-14-2015 report), the injured worker has permanent work restrictions that include limited keyboarding and mousing to 4 hours in an 8 hour work shift. However, she is not currently working due to being laid off. The requested treatments included 6 sessions of acupuncture for the left elbow and wrist and Voltaren gel 1%. On 9-23-2015, the original utilization review non-certified requests for 6 sessions of acupuncture for the left elbow and wrist and Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 6 weeks, left elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1. "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The patient has had previous acupuncture that was noted to be beneficial but no objective measurements of improvement in pain and function. Therefore, the request for continued acupuncture is not medically necessary.

Voltaren gel 1% 100 gram tube with 3 refills: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of epicondylitis and tendonitis. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.

