

Case Number:	CM15-0200199		
Date Assigned:	10/20/2015	Date of Injury:	01/17/2012
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 January 17, 2012. The worker is being treated for: cervical spine strain and sprain, status post left CTR, GERD, brachial neuritis, radiculitis, adhesive capsulitis, elbow strain and sprain. Subjective: September 09, 2015, cervical spine constant, achy pain radiating to bilateral upper extremities to fingers with numbness, tingling and weakness; bilateral shoulder constant pain; right wrist constant pain with numbness, tingling and weakness. There is written note of not receiving medications for one to two months. March 20, 2015. Medications: September 09, 2015 Fexmid. March 20, 2015: Tylenol #3, Colace, and noted Tramadol discontinue. Treatment: September 09, 2015 pending authorization for chiropractic care, injection to right shoulder and Solar Care unit. On September 28, 2015 a request was made for Solar Care FIR heating system portable pad purchase treating the elbow that was noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Heating System Heat pad Portable Use daily PRN 6-8H/ day Purchase for Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 48 of ACOEM, under Initial Approach to Treatment notes: This claimant was injured in 2012 with cervical spine strain and sprain, status post left CTR, GERD, brachial neuritis, radiculitis, adhesive capsulitis, elbow strain and sprain. There is continued cervical and upper extremity pain. There was no reference to surgery. This is a hot therapy pump. This durable medical equipment item is a device to administer regulated heat. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple hot packs are simply not needed to administer heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.

Flurbiprofen Cream BID #1 Refill :1: 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: 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009), page 111 of 127 This claimant was injured in 2012 with cervical spine strain and sprain, status post left CTR, GERD, brachial neuritis, radiculitis, adhesive capsulitis, elbow strain and sprain. There is continued cervical and upper extremity pain. There was no reference to surgery. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Therefore, I do not support certification in this case.