

Case Number:	CM15-0206668		
Date Assigned:	10/23/2015	Date of Injury:	11/05/2010
Decision Date:	12/31/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 52 year old female, who sustained an industrial injury on 11-5-2010. Diagnoses include bilateral upper extremity overuse tendinopathy, bilateral lateral epicondylitis, status post right elbow release in 2012 and status post left elbow surgery in 2014. Treatments to date include activity modification, medication therapy, physical therapy, and six acupuncture therapy sessions, and therapeutic injections. The records indicated treatment for the previous year for upper extremity pain and weakness including medication and an undocumented number of physical therapy sessions and acupuncture treatments. On 9-9-15, she complained of ongoing pain in the right and left elbow. Pain was rated 5-7 out of 10 VAS. Current medication included Ibuprofen. The physical examination documented tenderness in bilateral elbows and positive Tinel's sign. Strength was noted as within normal limits, however, was painful. The provider documented completion of 24 physical therapy sessions for the left elbow with no documentation submitted regarding effectiveness of therapy. The plan of care included eight additional physical therapy sessions and eight acupuncture treatments, and topical compound cream. The appeal requested authorization for eight (8) physical therapy sessions, eight (8) acupuncture treatment sessions, and Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin 20-10-2-2-2- 0.0375% topical compound cream 180 grams. The Utilization Review dated 9-24-15, denied the request for acupuncture and topical compound cream, and modified the request to allow four (4) physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) x 8 visits: 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): Manual therapy & manipulation.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. The original reviewer modified the request to 4 sessions to comply with the MTUS Guidelines. Physical therapy (PT) x 8 visits is not medically necessary.

Acupuncture x8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture x8 visits is not medically necessary.

Naproxen (unspecified dosage and quantity), twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS 2009 Chronic Pain Treatment Guidelines recommend NSAIDs as first line therapy for pain. They should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. Based on the currently available information and the patient's ongoing complaints, the need for this medication has been established. However

without the unspecified dosage and quantity of Naproxen the requested Naproxen (unspecified dosage and quantity), twice daily, is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics (www.odg-twc.com/odgtwc/pain.htm#topicalanalgesics).

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% cream 180gm is not medically necessary.