

Case Number:	CM15-0023603		
Date Assigned:	02/13/2015	Date of Injury:	03/30/2011
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona

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 65-year-old female who reported a repetitive strain injury on 03/30/2011. The current diagnoses include right carpal tunnel syndrome, right trigger finger, and status post right carpal tunnel release in 04/2014. The injured worker presented on 02/16/2015 for a follow-up evaluation regarding right wrist/hand pain. It was noted that the injured worker had been previously treated with acupuncture, physical therapy, and a cortisone injection. The injured worker was utilizing Tylenol 500 mg, ibuprofen 800 mg, and Lidopro cream. Upon examination, there was tenderness to palpation over the A1 pulley of the thumb, as well as tenderness at the surgical scar. Recommendations included continuation of the current medication regimen, as well as acupuncture sessions. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. In this case, there was no documentation of objective functional improvement despite the ongoing use of the above medication. There was no strength or frequency listed in the request. There is no evidence of a failure of first line oral medication prior to the initiation of a topical analgesic. Lidocaine is not recommended in the formulation of a cream, lotion, or gel. Given the above, the request is not medically appropriate at this time.

Acupuncture for right wrist/hand Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. In this case, it is noted that the injured worker has participated in acupuncture therapy. Although the injured worker reported an improvement in symptoms, there was no evidence objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate at this time.