

<b>Case Number:</b>	CM15-0025422		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 36 year old female who sustained a work related injury April 6, 2012. While performing repetitive work cleaning, she developed right wrist and shoulder pain. According to a physician's visit note, dated December 30, 2014, the injured worker presented with complaints of right shoulder and wrist pain. Current medications include Tylenol, Diclofenac sodium, and Orphedrine. Assessments are bursitis subacromial right; arthritis AC (acromioclavicular) joint, right; and carpal tunnel syndrome, right. A request was made for right carpal tunnel release, right shoulder arthroscopy with subacromial decompression and AC joint extension and post-operative requests for therapy, medications and durable medical equipment. According to utilization review dated January 16, 2015, the request for Post-operative Vicoprofen 7.5mg #40 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, ACOEM Practice Guidelines and ODG (Pain Chapter). The request for Cold Therapy unit with Pad (purchase requested) is non-certified citing Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Purchase of Cold Therapy Unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous Cold Therapy

**Decision rationale:** The patient was certified for right carpal tunnel release surgery and continuous cold therapy may be indicated post-operatively. From ODG: "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." Thus, use is limited to 7 days which is more consistent with rental and not purchase. This is consistent with the UR and a modification was agreed to by the requesting physician. Thus, purchase of a cold therapy unit should not be considered medically necessary.

**Vicoprofen 7.5 Mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The patient is a 36 year old female who was certified for right carpal tunnel release surgery and Norco 10mg #40. Additionally, Vicoprofen 7.5 mg #40 was requested. This would mean that the patient would have 2 narcotics for post-operative pain control. As pointed out by the UR, there is no rationale for 2 narcotics. From Chronic Pain Treatment Guidelines, with respect to initiating opioids. Initiating Therapy(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. Although for this case, this is not a chronic pain situation, the same principle applies for treating acute pain following surgery. Start with one medication at a time. Thus, Vicoprofen should not be considered medically necessary.