

Case Number:	CM15-0042118		
Date Assigned:	03/12/2015	Date of Injury:	11/05/2010
Decision Date:	05/04/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 11/20/10. She reported initial injuries to bilateral elbows and forearms. The injured worker was diagnosed as having bilateral upper extremity overuse tendinopathy; left lateral epicondylitis; bilateral epicondylitis; status post right elbow epicondylar release. Treatment to date has included physical therapy; occupational therapy; bilateral elbow injections (1/2011); status post right lateral debridement/radial tunnel release (11/8/12); status post left elbow lateral debridement/radial tunnel release (1/23/14); acupuncture; medications. Currently, the PR-2 notes dated 12/29/14; the injured worker complains of bilateral elbows and describes the pain as dull and achy. Past notes indicate the status post left elbow surgery site was infected and treated, and these notes indicate well-healed scars bilaterally. There is tenderness with the left greater than the right. Due to the postoperative complications of infection, the injured worker has not had any physical therapy. The injured worker has been prescribed oral anti-inflammatories and transdermal medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (8-sessions for the bilateral elbows): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, 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. Acupuncture treatments may be extended if functional improvement is documented. It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. In this case, there was no objective documentation of clinical or functional improvement with the previous use of acupuncture. Therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Diclofenac/Lidocaine Cream 10/2/5/5%, 180 gms: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of this cream. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Ketoprofen/Cyclobenzaprine /Diclofenac/Lidocaine Cream 10/2/5/5%, 180 gms is not medically necessary.