

Case Number:	CM15-0052538		
Date Assigned:	03/26/2015	Date of Injury:	11/03/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old woman sustained an industrial injury on 11/3/2011. The mechanism of injury is not detailed. Diagnoses include status post bilateral carpal tunnel release, status post left shoulder surgery, and repetitive trauma to the bilateral upper extremities. Treatment has included oral medications, gripping and grasping exercises, and surgical intervention. Physician notes on a PR-2 dated 12/17/2014 show complaints of right sided neck pain and left shoulder pain.

Recommendations include Methyl Salicylate 30%/Menthol 10%/Capsaicin 0.035% for local application #120 grams, continue gripping and grasping exercises, acupuncture, and follow up in four to five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: '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. In this case, the claimant had been performing home exercises and not on oral analgesics. There was no mention of prior acupuncture sessions. The request for 6 sessions is the time frame expected to determine functional benefit which is medically necessary and appropriate for the claimant's chronic pain.

Dandracin Ointment 120 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Dendracin contains .0375% Capsacin , 30% Methyl Salicylate and 10% Menthol. The use of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin contains a higher amount of Capsaicin than is medically necessary. The claimant had been on topical analgesics for months and long term use is not recommended. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Dendracin is not medically necessary.