

Case Number:	CM15-0053642		
Date Assigned:	03/27/2015	Date of Injury:	09/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female with an industrial injury dated September 12, 2012. The injured worker diagnoses include status post cumulative trauma for bilateral upper extremities, cervical spinal pain, cervicogenic headaches, and bilateral upper extremity pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, 6 sessions of chiropractic treatment and periodic follow up visits. According to the progress note dated 03/03/2015, the injured worker reported hand and wrist pain, cervical pain and radicular pain in the shoulders. Physical exam revealed positive impingement test on the right, moderate tenderness to palpitation on the right acromioclavicular joint (AC), bilaterally positive Tinel's sign and decrease sensation in the C6 and C7 dermatomes. The treating physician also noted tenderness to palpitation of the cervical spine and bilateral epicondylitis. The treating physician prescribed services for physical therapy with Iontophoresis bilateral upper extremities and Tramadol 5%, Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2% 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 5%, Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2% 240 gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. Cyclobenzaprine and baclofen are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Physical therapy 2 times a week for 5 weeks with Iontophoresis bilateral upper extremities:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Elbow (Acute & Chronic) Iontophoresis.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. In terms of iontophoresis, it can be recommended as a conservative option if there is evidence of objective functional improvement after trial use. However, in this case the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.