MAXIMUS Federal Services

Case Number:	CM15-0232775		
Date Assigned:	12/08/2015	Date of Injury:	06/17/2008
Decision Date:	01/14/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 17, 2008. In a Utilization Review report dated November 16, 2015, the claims administrator failed to approve requests for acupuncture in an unspecified amount, supplies for a paraffin wax device, and Clonazepam (Klonopin). The claims administrator referenced a November 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On RFA forms dated December 9, 2015, acupuncture, Prilosec, Colace, and supplies for the paraffin device were all seemingly sought, as was the Klonopin also at issue. On an associated November 6, 2015 office visit, the applicant reported ongoing issues with chronic arm, wrist, elbow, and forearm pain. The applicant was using Motrin, Baclofen, Cymbalta, and Colace. The treating provider stated that the applicant was having issues with insomnia and was unable to tolerate Valium. Acupuncture was sought. It was suggested (but not clearly stated) that the applicant had had prior acupuncture and had had recent manual therapy and physical therapy. Klonopin was endorsed for sedative effect purposes. A one year's worth of supplies for the paraffin wax bath device was also sought. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for pain in the shoulder/thoracic region for the bilateral elbows, forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for acupuncture in unspecified amounts for the shoulder, mid back, elbow, and forearm was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d stipulate that acupuncture may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant's response to prior acupuncture (if any) was not clearly described or characterized on the November 6, 2015 office visit at issue. The fact that permanent work restrictions were renewed on that date, coupled with the applicant's continued dependence on a variety of analgesic and adjuvant medications to include Motrin, Baclofen, Cymbalta, taken together, suggested that the applicant had effectively plateaued in terms of the functional improvement parameters established in MTUS 9792.20e following receipt of presumed prior acupuncture. Therefore, the request was not medically necessary.

Paraffin wax supplies, QTY: 1 year supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin wax baths.

Decision rationale: Similarly, the request for a one-year supply of paraffin wax supplies was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, the paraffin wax supplies represent a means of delivering heat therapy. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with forearm, wrist, and hand complaints, as were seemingly present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does not support more elaborate devices for delivering heat therapy, such as the paraffin wax device and associated supplies at issue. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the applicant was described on the November 6, 2015 office visit at issue as using a variety of passive modalities to include manual

therapy, acupuncture, and numerous analgesic medications. Provision of the paraffin wax device in conjunction with the same, thus, was at odds with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and with ODGs Forearm, Hand, and Wrist Chapter which notes that paraffin wax baths should be employed only as an option for applicants with arthritic hands if used in conjunction with an exercise program. Here, the November 6, 2015 office visit made no mention of the applicant's carrying an operating diagnosis of hand arthritis but, rather, suggested that the applicant had multifocal pain complaints attributed to cumulative trauma at work and/or due to myofascial pain syndrome. The applicant's work status was not clearly reported. It did not appear, however, that the applicant was working, nor it was explicitly stated that the applicant was using the paraffin wax device in conjunction with an exercise program. Therefore, the request was not medically necessary.

Clonazepam 0.5mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Finally, the request for Clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Clonazepam (Klonopin) may be appropriate for "brief periods," here, however, the 30-tablet supply of Klonopin at issue implied chronic, long-term, and/or nightly usage of the same, (i.e. usage which ran counter to the short-term role for anxiolytics set forth in the MTUS Guideline in ACOEM Chapter 15, page 402). Therefore, the request was not medically necessary.