

Case Number:	CM13-0068052		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2012
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a represented [REDACTED] employee who has filed a claim for left wrist and left thumb pain reportedly associated with an industrial injury of February 3, 2012. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a wrist brace; and topical compounds. In a Utilization Review Report of December 10, 2013, the claims administrator denied a request for various topical compounds, partially certified six sessions of physical therapy, and certified a wrist brace. The applicant's attorney subsequently appealed. In a handwritten prescription on November 19, 2013, the claims administrator sought authorization for various topical compounds. A progress note of the same date suggested that the applicant was working and that she was in need for additional physical therapy for her wrist issues. A wrist brace was also endorsed on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Flurbiprofen 25%, Diclofenac 10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Oral Pharmaceuticals section, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen-diclofenac containing compound which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review.

Compounded Capsaicin 0.0375%, menthol 10%, camphor 2.5%, Tramadol 20% 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last-line agent, to be employed only in those individuals in whom there has been intolerance to and/or failure of multiple classes of first-line treatments. In this case, however, as with the other topical compound, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the compound in question. Therefore, the request is likewise not certified, on Independent Medical Review.

12 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the emphasis, in the chronic pain phase of the injury, should appropriately be on active therapy, active modalities, and self-directed home physical medicine, and tapering or fading the frequency of treatment over time. In this case, however, the 12-session course of treatment proposed here is not consistent with the chronicity of the claimant's injury and does, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Therefore, the request is not certified, on Independent Medical Review.