MAXIMUS Federal Services

Case Number:	CM14-0114362		
Date Assigned:	08/08/2014	Date of Injury:	01/10/2011
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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/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:

This worker began experiencing pain in her left wrist and hand on January 10, 2011 and pain in her right hand in 2012. She attributed it to keyboarding and using the mouse for prolonged periods of time. X-rays of the wrist and hand were negative. EMG/MCV of the upper extremities was negative. She has been diagnosed with mild bilateral carpal tunnel syndrome and right index trigger finger. Physical therapy, wrist splints and cortisone injection provided temporary relief. Her medications have included Vicodin, Motrin, Naprosyn, Robaxin and Pamelor. She had a consultation with a hand surgeon on March 5, 2014 who requested authorization for a course of acupuncture with electrical stimulation for bilateral hands and wrists 2 times a week for 4 weeks. On April 10, 2014, her primary treating physician's progress report treatment plan included Capsacian/Flubiprofen/Tramadol/Menthol/Camphor for moderate pain, inflammation and swelling and cyclobenzaprine/Flubiprofen for muscle relaxant and inflammation to minimize pain, avoid side effects of some oral medications and reduce or avoid the need for narcotic alternative therapies. The primary treating physician also requested authorization for acupuncture 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for Bilateral Wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture was denied by utilization review because there was no information of the patient having a trial of acupuncture to determine the effectiveness. However the MTUS states that the time to produce functional improvement is 3-6 treatments and a frequency of one to 3 times per week with an optimum duration of one to 2 months is appropriate. Treatments may be extended if functional improvement is documented. In this case, acupuncture is medically necessary.

Cyclobenzaprine 2%, flurbiprofen 20% 240gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 6/10/14) Compound Drugs

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

Decision rationale: Cyclobenzaprine 2% is a topical muscle relaxant. The guidelines clearly state that there is no evidence for use of any muscle relaxant as a topical product. The guidelines also state that if one drug in a compound is not recommended then the compound as a whole is not recommended. Therefore the request is not medically necessary.