

Case Number:	CM14-0125741		
Date Assigned:	08/13/2014	Date of Injury:	08/12/2008
Decision Date:	09/19/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

The injured worker is a 65-year-old male who reported an injury on 08/12/2008. The mechanism of injury was not provided. On 05/30/2014, the injured worker presented with right arm pain. Upon examination of the wrist and hand there was no erythema, swelling or ecchymosis. There was tenderness over the right wrist and forearm diffusely with full range of motion, normal and equal grip strength and normal sensations. The diagnoses were complex regional pain syndrome, chronic pain and insomnia. The medications included Benadryl, Naproxen, Omeprazole and Gabapentin. The provider recommended acupuncture 2 times a week for 3 weeks for the right wrist and Motrin 800 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture may be performed within 3 to 6 treatments, 1 to 3 times a week with an optimum duration of 1 to 2 months. There is lack of documentation that the injured worker has a reduction or intolerance to pain medication. There is lack of evidence the injured worker is participating in a physical rehabilitation program that would be used in adjunct to acupuncture treatment. As such, the request is not medically necessary.

Motrin 800mg 1 tab PO Q8H #100 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment of the injured worker and the efficacy of the prior treatments. Additionally, this medication is not indicated for long term use. As such, the request is not medically necessary.

Camphor/Methyl Salicylate/ Menthol/ Tocopherol (Salonpas) patch apply to skin as directed #40: Upheld

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

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

Decision rationale: The request for Camphor/Methyl Salicylate/ Menthol/ Tocopherol (Salonpas) patch applies to skin as directed #40 is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended, is not recommended. The included medical documents do not indicate that the injured worker has not responded to or are intolerant to other treatments. Included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose, or the site at which the medication was intended for. As such, the request is not medically necessary.