MAXIMUS Federal Services

Case Number:	CM14-0144178		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2012
Decision Date:	10/30/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 records presented for review indicate that this 48 year-old male was reportedly injured on 11/29/2012. The previous utilization review references a progress note dated 7/22/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of left shoulder and elbow pain. Physical examination revealed limited left shoulder range of motion, positive Neer's and Hawkins tests. A MRI of left shoulder (undated) revealed no clear findings (given that the medical record provided for review is largely illegible due to being handwritten and reproduced); report not available for review. Current diagnosis includes left shoulder tendinitis and left elbow sprain/strain. Previous treatment includes medications and acupuncture (unknown number of sessions completed to date). A request had been made for Acupuncture 2X week X4 weeks, consul with neurosurgeon, Menthoderm gel 360 gm, and UDS, which were not certified in the utilization review on 8/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of 3 - 4 sessions over 2 weeks with evidence of objective functional improvement prior to approval of additional visits. The request for Acupuncture 2x week x4 weeks exceeds the recommended trial period. As such, the request for Acupuncture 2x week x4 weeks cannot be recommended as medically necessary.

Consult with neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints,Surgical Considerations.

Decision rationale: As noted in the CAMTUS, surgical consultation can occur when red flag conditions occur, failure of conservative measures, and clear clinical and imaging evidence to support advanced evaluation. The clinical documentation indicated referral to orthopedic special for reevaluation and vascular surgeon for rule out of thrombus. There is no discussion in the records submitted regarding evaluation and referral to a neurosurgical specialist. As such, the request for Consult with neurosurgeon cannot be recommended as medically necessary.

Menthoderm (Methyl Salicylates 15% Menthol 10%) gel 360 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesic Page(.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Menthoderm (Methyl Salicylates 15% Menthol 10%) gel 360 gm cannot be recommended as medically necessary.

UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Urine Drug Screen; Opio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page(s): 43.

Decision rationale: Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. There is no indication the injured worker has been placed at high or moderate risk and requires monthly urine drug screens. Drug monitoring on an annual or biannual basis is appropriate. As such, the request for UDS cannot be recommended as medically necessary.