

Case Number:	CM14-0160362		
Date Assigned:	10/06/2014	Date of Injury:	02/24/2012
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 underlying date of injury in this case is 02/24/2012. The date of the utilization review under appeal is 09/02/2014. The patient's treating diagnoses include a lumbar strain with facet arthrosis, bilateral wrist sprain, and a left wrist volar ganglion cyst. The medical records are largely handwritten and not completely legible. A PR-2 report from treating orthopedic surgeon of 08/19/2014 reports pain in the low back and both wrists. There was pain in the volar portion of the wrists with no numbness, tingling, or weakness. The patient had pain in both lower extremities to the feet without weakness. The treatment plan included use of a different heating pad system and topical cyclobenzaprine/ketoprofen/lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Heating Pad System Quantity Requested: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM guidelines, Chapter 3, Treatment, page 48, recommends the use of local thermal modalities for the acute phase of an injury, up to 2 weeks. This guideline does not

support the use of thermal modalities in a chronic setting, such as this case, particularly if such thermal modalities require purchase of durable medical equipment. The records do not provide an alternate rationale for this request. This request is not medically necessary.

Cyclo,Keto/Lido 240 Gm Quantity Requested: 2.00: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, states that the use of topical compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the therapeutic required. The medical records do not contain such details in this case. Moreover, the same guideline specifically does not recommend cyclobenzaprine for topical use. This guideline also cautions that ketoprofen should not be used topically due to an FDA advisory. Therefore this request is not medically necessary.