

<b>Case Number:</b>	CM14-0216833		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29-year-old female who reported an injury on 11/15/2011. She was diagnosed with a sprain and strain of unspecified site of the wrist with the treating diagnoses including sprain and strain of unspecified site of the shoulder and upper arm, sprain and strain of unspecified site of the elbow and forearm, and traumatic amputation of other finger, complicated. A prior request was made for meds x2, a topical compounded cream, an EMG/NCV for the bilateral upper extremities, Theramine, Sentra AM, Gabadone, naproxen, pantoprazole, acupuncture, and chiropractic treatments. The above stated requests had been previously denied based on a lack of medical necessity. On 01/19/2015, the injured worker underwent extracorporeal shockwave therapy for her diagnosis of myofascial pain syndrome of the cervical spine. Prior to that, the indications were that the injured worker had undergone extensive conservative care to the cervical region including but not limited to medications, physical and manipulation therapy, and injections, but was determined to have significant residual symptoms. The injured worker had reportedly been injured when her arm became stuck in a machine, which subsequently ripped her skin off and cut the ring and middle finger. She had also undergone a prior diagnostic fluoroscopy at the cervical spine on 09/08/2014 which identified anterior translation at C3 and C4 during flexion indicating posterior ligamentous laxity at those levels, posterior translation at C3, C4, and C5 during extension indicating anterior ligamentous laxity at those levels, and straightening of the normal cervical lordosis most likely due to myospasms. Additional diagnostic studies included x-rays of the right wrist and diagnostic fluoroscopy of the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS times two:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The requested service is not supported. According to the California MTUS Guidelines, without having any specific medication identified for treatment of the injured worker, the request for meds times 2 cannot be warranted. Often medications are utilized on a temporary basis to allow for physical modalities to be completed in a pain free manner. However, without specific indication as to which medication this request pertains to, the requested service cannot be considered medically necessary.

**Topical compound creams:Flurbiprofen/Capisaicin/Camphor 10/0.025%/1%(120gm); Ketaprofen/Cyclobenzepine/lidocaine 10%/3%/5% (grams):** 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): 111-113.

**Decision rationale:** The requested service is not supported. Under the California MTUS Guidelines, topical analgesics are not commonly warranted, especially when they include ingredients which are not recommended for topical use, to include capsaicin. Without having a specific indication that this injured worker is unable to utilize oral medications for pain relief and the most recent clinical documentation not specifying the use of this medication or data, the request cannot be warranted. Therefore, the topical compounded cream is not considered medically necessary.

**EMG/NCV for both upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested service is not supported. According to the California MTUS/ACOEM Guidelines, although electrodiagnostic studies may be useful in determining

whether or not an injured worker has any neurologic dysfunction regarding the neck or upper extremities, without having any legible clinical documentation from recent weeks and months to determine the injured worker's pathology, an EMG/NCV for both upper extremities cannot be warranted. Additionally, the most recent clinical documentation did not specify the most current form of conservative modality having been utilized to treat the upper extremities. As such, the EMG/NCV for both upper extremities is not considered medically necessary.

**MEDS times five Theramine #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food.

**Decision rationale:** The requested service is not supported. Under the Official Disability Guidelines, medical foods are not supported for treatment of chronic pain. In the case of this injured worker, there was no rationale for use of any type of medical food. Without having a specific rationale for use of Theramine or indication that the injured worker is unable to utilize other forms of pain relief, the request cannot be warranted. Therefore, per the Official Disability Guidelines, the Theramine is not considered medically necessary.

**Gabadone #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

**Decision rationale:** The requested service is not supported. Under the Official Disability Guidelines, medical foods are not supported for treatment of chronic pain. In the case of this injured worker, there was no rationale for use of any type of medical food. Without having a specific rationale for use of Gabadone or indication that the injured worker is unable to utilize other forms of pain relief, the request cannot be warranted. Therefore, per the Official Disability Guidelines, the Gabadone is not considered medically necessary.

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** According to the California MTUS Guidelines, although NSAIDs are indicated for use for treatment of chronic pain and inflammation, there was no indication that the prior use of naproxen had been sufficient in reducing the injured worker's symptoms. Without having a comprehensive physical examination identifying functional improvement through quantitative measurements of decreased pain and increased ability to perform ADLs, ongoing use of naproxen cannot be supported. Additionally, long-term use of NSAIDs must be accompanied by continual blood pressure checks to confirm that the injured worker is not having any side effects with long term use of this medication. Therefore, after review of the clinical documentation, the request for naproxen cannot be supported and is not considered medically necessary.

**Pantoprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested service is not supported. Under the California MTUS Guidelines, proton pump inhibitors are commonly utilized to treat GI symptoms related to NSAID or other oral medication use. However, without a current statement of the injured worker having any GI upset with the use of her current medications or any past history of gastrointestinal upset, ongoing use of the pantoprazole cannot be supported. As such, the medical necessity has not been established. The request is not medically necessary.

**Acupuncture one time a week times four weeks for the right hand, forearm, index and middle finger: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The requested service is not supported. Without any indication that the acupuncture would be utilized as an adjunct to another evidence-based modality or surgical intervention to hasten functional recovery and with no specification that the injured worker necessitates treatment to the right hand, forearm, index finger, and middle finger, the request cannot be supported. The injured worker's documentation did not identify any current or proposed treatment of an exercise program or any intolerance to medications to warrant the use of acupuncture as a current modality of treatment. Therefore, after review of the clinical documentation, the request for acupuncture 1 time a week times 4 weeks for the right hand, forearm, index and middle finger is not considered medically necessary.

**Chiropractic treatment two times a week for four weeks for the right hand, forearm, index and middle finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The requested service is not supported. Chiropractic treatments, otherwise known as manual therapy and manipulation, are not supported for use in the forearm, wrist, and hand. Although the injured worker was indicated as having symptoms related to the injury sustained in the right upper extremity, use of chiropractic treatments cannot be warranted. Therefore, after review of the clinical documentation and in reference to the California MTUS Guidelines, the request is not considered medically necessary.

**Sentra AM #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

**Decision rationale:** The requested service is not supported. Under the Official Disability Guidelines, medical foods are not supported for treatment of chronic pain. In the case of this injured worker, there was no rationale for use of any type of medical food. Without having a specific necessity for use of Sentra AM or indication that the injured worker is unable to utilize other forms of pain relief, the request cannot be warranted. Therefore, per the Official Disability Guidelines, the Sentra AM is not considered medically necessary.