

Case Number:	CM15-0116026		
Date Assigned:	06/24/2015	Date of Injury:	12/10/2013
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic neck, shoulder, hand, wrist, and elbow pain reportedly associated with an industrial injury of December 10, 2013. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for Flector patches, a paraffin bath device, and piccolo laboratory testing. The claims administrator referenced an April 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of shoulder pain with associated weakness. The applicant was using Motrin for pain relief. Authorization was sought for shoulder surgery to ameliorate a partial thickness rotator cuff tear. Postoperative physical therapy, preoperative laboratory testing, perioperative Keflex, and Norco were endorsed, along with a cold therapy device and an abduction sling. In a January 7, 2015 progress note, the applicant was asked to continue using a TENS unit and a paraffin device. Flector patches and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, shoulder, and hand pain, 4-5/10, were reported. On April 22, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant was asked to continue TENS unit, wrist splints, and physical therapy while remaining off of work. Highly variable 2-9/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches, QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren/diclofenac/Flector has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., the body part for which authorization for surgery was subsequently sought. The attending provider failed to furnish a clear or compelling rationale for selection of topical Flector/Voltaren/diclofenac for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It was further noted that the request in question was framed as a renewal or extension request for topical Flector patches. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing Flector usage, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Paraffin bath, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for a paraffin bath device was likewise not medically necessary, medically appropriate, or indicated here. The paraffin device in question represented a means of delivering heat therapy to the hand and wrist. While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does support at-home local applications of heat and cold as methods of symptom control for hand, wrist, and forearm complaints, as were/are present here, the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, by implication, does not support high-tech devices for delivering heat therapy. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 further notes that passive modalities such as the paraffin device in

question are deemed "not recommended" in the evaluation and management of applicants with hand, wrist, and forearm complaints, as were/are present here. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, however, the attending provider seemingly signaled his intention for the applicant to employ two separate passive modalities on or around the date in question, April 22, 2015, namely the paraffin bath device in question and a TENS unit. Introduction of the paraffin bath device, thus, ran counter to the philosophy espoused both on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 271 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.

Piccolo Lab Test, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation [http://www.piccoloxpress.com/COMPREHENSIVE CLIA WAIVED CHEMISTRYON-SITE, IN MINUTES](http://www.piccoloxpress.com/COMPREHENSIVE_CLIA_WAIVED_CHEMISTRYON-SITE,IN_MINUTES) The Piccolo Xpress chemistry analyzer is the only portable diagnostic device to offer a full complement of CLIA Waived blood chemistry tests at the point-of-care. With the Piccolo's 12-minute test time, healthcare providers can diagnose and treat within the span of a single office visit, thereby increasing the efficiency of care, reducing costs, improving patient management and boosting revenues. The Piccolo® menu features 31 blood chemistry tests that range from liver, kidney and metabolic functions to lipids, electrolytes and other specialty analytes. These 31 tests are conveniently configured into 16 completely self-contained reagent discs, 11 of which are CLIA waived.

Decision rationale: The request for a piccolo laboratory testing was likewise not medically necessary, medically appropriate, or indicated here. Per the product description, the piccolo laboratory testing menu features "31 blood chemistry tests that range from liver, kidney, and metabolic functions to lipid, electrolytes, and other specialty analytes." Here, the attending provider's progress notes of January 7, 2015 and April 22, 2015 did not clearly state precisely which combination and/or permutation of the 31 possible laboratory tests they were testing for. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routinely suggested laboratory monitoring in applicants using NSAIDs include periodic laboratory monitoring of CBC and chemistry profile to include renal and hepatic function testing, here, again, the request for a "piccolo lab test" was ambiguous and open to a number of interpretation, permutations, and/or combinations. It was not clearly established which laboratory tests were being sought here. Therefore, the request was not medically necessary.