

Case Number:	CM15-0118831		
Date Assigned:	06/29/2015	Date of Injury:	01/28/2014
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: Connecticut, California, Virginia
 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 injured worker is a 54-year-old female who was seen for an industrial injury on 1/28/2014 with symptoms of bilateral wrist/hand pain and numbness. Her diagnosis is carpal tunnel syndrome. Treatment has included stabilization and physical therapy, with report of minimal improvement. She has also been treated with medication, including a trial of compound cream which she reported as providing symptom relief. The injured worker continues to complain of bilateral upper extremity pain, numbness, and occasional shocking sensation to her long fingers. The treating physician's plan of care includes anti-inflammatory compound cream (Diclofenac, Baclofen, Cyclobenzaprine, and Tetracaine) and 6 sessions of acupuncture for the bilateral extremities. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

AIFT Compound Cream (Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2%. RX: 2 pumps 2x/Day, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the requested topical cream is not medically necessary at this time.

Acupuncture QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case utilization review has modified the request for 6 treatments to allow for 4 treatments and provision of objective evidence of functional improvement prior to consideration of additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the modification appears reasonable and therefore the request for 6 treatments with acupuncture prior to re-evaluation is not medically necessary.