

Case Number:	CM15-0179596		
Date Assigned:	10/07/2015	Date of Injury:	09/08/2014
Decision Date:	12/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 injured worker is a 51 year old female, who sustained an industrial injury on 09-08-2014. She has reported injury to the right wrist. The diagnoses have included right wrist sprain-strain; right triangular fibrocartilage tear. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tylenol. A progress note from the treating physician, dated 08-07-2015, documented an evaluation with the injured worker. The injured worker reported sharp pain in the right wrist with stiffness; the pain is described as frequent and moderate with stiffness and heaviness; the pain is rated at 5 out of 10 in intensity; she has had 2 right wrist surgeries in 09-2014 and 11-2014, to remove pins; she is taking Tylenol for pain; and she is currently working. Objective findings included there is a well-healed surgical scar on the dorsal and medial aspect present at the right wrist; and there is tenderness to palpation of the dorsal wrist and medial wrist. The treatment plan has included the request for transdermal cream x 2, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, Cyclobenzaprine 2%, Flurbiprofen 25% 180gm; urine drug test; functional capacity evaluation; and outpatient acupuncture 2 times a week for 4 weeks, right wrist. The original utilization review, dated 08-13-2015, non-certified the request for transdermal cream x 2, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, Cyclobenzaprine 2%, Flurbiprofen 25% 180gm; urine drug test; functional capacity evaluation; and modified the request for outpatient acupuncture 2 times a week for 4 weeks, right wrist, to outpatient acupuncture for the right wrist, 2 times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal cream x 2, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, Cyclobenzaprine 2% Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Transdermal cream x 2, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, Cyclobenzaprine 2% Flurbiprofen 25% 180gm is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug test is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation is not medically necessary.

Outpatient acupuncture 2 times a week for 4 weeks, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Outpatient acupuncture 2 times a week for 4 weeks, right wrist is not medically necessary.