

Case Number:	CM15-0063088		
Date Assigned:	04/08/2015	Date of Injury:	09/02/2013
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 9/2/2013. He reported a fall, trying to lift a pallet. The injured worker was diagnosed as having fibromyositis, post-concussion syndrome, adhesive capsulitis of the shoulder, knee pain and right shoulder and back pain. Magnetic resonance imaging of the cervical spine showed multi-level disc desiccation, lumbar magnetic resonance imaging showed no bulges or herniations and magnetic resonance imaging of the left knee showed a popliteal cyst. The brain magnetic resonance imaging showed no acute abnormalities. Treatment to date has included therapy and medication management. In a progress note dated 2/3/2015, the injured worker complains of right shoulder pain and back pain. The treating physician is requesting acupuncture - 4 sessions, Polar frost topical gel and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x2, 4 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, the claimant had completed prior acupuncture sessions. The guidelines indicate 3-6 sessions to obtain functional improvement. The request for additional acupuncture is an option but not medically necessary.

Polar Frost 4% topical gel, Qty 1-150ml tub, 3 refills: 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): 111-112.

Decision rationale: Polar frost is a mixture of Aloe vera and Menthol. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical use of Menthol is not on the recommended list. There is lack of evidence to support its use. In addition, long-term use of topical analgesics are not recommended. The claimant was prescribed 3 additional refills of Polar Frost. The continued use of Polar Frost is not medically necessary.

Naprosyn 500mg, Qty 60, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guideline, NSAIDs, page 47. Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs including Ibuprofen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The physician requested 3 additional refills of Naprosyn without knowledge of future tolerance and pain response. In addition, VAS scores were not routinely noted. Continued use of Naproxen is not medically necessary.