

Case Number:	CM15-0079675		
Date Assigned:	04/30/2015	Date of Injury:	04/29/2014
Decision Date:	07/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina

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 41 year old female, who sustained an industrial injury on 4/29/2014. The current diagnoses are bilateral shoulder trapezius strain, bilateral wrist flexor tenosynovitis, and bilateral carpal tunnel syndrome. According to the progress report, the injured worker complains of bilateral shoulder and wrist pain associated with tingling and numbness to her bilateral hands. Treatment to date has included bilateral wrist braces, physical therapy, and electrodiagnostic testing. The plan of care includes 6 physical therapy and acupuncture sessions to the cervical spine and bilateral wrists and prescription for compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine and bilateral wrists, twice weekly for three weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: CA MTUS states that active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. In this case, the patient has had physiotherapy and chiropractic treatment without significant benefit or improvement in the foregoing parameters. Therefore the patient does not meet the criteria for further physical therapy and the request is not medically necessary.

Acupuncture for the cervical and bilateral wrists, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that 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 recovery. In this case the physical rehab, including physiotherapy and chiropractic has yielded no significant benefit and the patient is not at this time a surgical candidate. Therefore the request for Acupuncture does not meet the established criteria and is deemed not medically necessary or appropriate at this time.

CycloUltram cream with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: The request for Cycloultram cream is not medically necessary. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety of efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and antiepilepsy drugs have failed. In this case there is no evidence that antidepressants or antiepilepsy drugs have been tried and failed. In addition, any compounded product that contains at least one drug that is not recommended is not recommended. This cream contains Ultram (Tramadol), which is not recommended for topical use.

FlurbiCapsCampMenthol cream with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: The request for FlurbiCapsCampMentho cream is not medically necessary or appropriate. Topical analgesics are largely experimental in use with few randomized

controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when antidepressants or anti-epilepsy drugs have been tried and failed. In this case there is no evidence of a trial and failure of antidepressants and anti-epilepsy drugs. This cream contains Flurbiprofen, which is not recommended for topical use in neck or wrist pain. It also contains Lidocaine, which is only recommended in the form of Lidoderm patches. Further, any compounded product that contains at least one drug that is not recommended is not recommended.