

Case Number:	CM15-0123142		
Date Assigned:	07/07/2015	Date of Injury:	01/31/2013
Decision Date:	10/08/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 41 year old male who sustained an industrial injury on 1/31/13. On 1/29/09 he had an injury to his neck and right shoulder. The mechanism of injury was unclear. He currently complains of headaches with pain level of 7-8/10; right shoulder pain; sharp, stabbing intermittent cervical spine pain radiating into shoulder region (7-8/10); lower back pain (7-8/10); bilateral wrist pain and muscle spasms, right wrist pain level was 5-6/10 and left was 7/10. On physical exam there was tenderness of the acromioclavicular joint and paravertebral spasms; tenderness on palpation at the suboccipital region with decreased range of motion; tenderness at the supraspinatus and infraspinatus muscle tendon attachment site; tenderness of right and left wrists with decreased range of motion; tenderness of the thoracic spine with decreased range of motion. Medication was Tylenol. Diagnoses include cervical disc displacement; rotator cuff syndrome; bilateral carpal tunnel syndrome; anxiety; depression; diabetes; headaches; cervical spine sprain/ strain, rule out herniated nucleus pulposus; left shoulder tendinitis; thoracic sprain/ strain; de Quervain's tenosynovitis of the right wrist. Treatments to date include physical therapy. In the progress note dated 3/27/15 the treating provider's plan of care includes requests for physical therapy for cervical spine and bilateral shoulders # 18; acupuncture cervical spine and bilateral shoulders, #18; chiropractic treatments cervical spine and bilateral shoulders, #18; capsaicin #1, flurbiprofen, #1, menthol #1, gabapentin #1. The injured worker's condition has worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical spine, bilateral shoulder) QTY: 18.00: 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): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 9-10 visits for myalgia and 8-10 visits for neuralgia. The request for 18 physical therapy sessions would exceed recommendations. The request for 18 physical therapy sessions is not medically necessary and appropriate.

Acupuncture (cervical spine, bilateral shoulder) QTY: 18.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, the request for 18 acupuncture sessions exceeds recommendations and is not medically necessary and appropriate.

Chiropractic treatment (cervical spine, bilateral shoulder) QTY: 18.00: 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): Manual therapy & manipulation.

Decision rationale: Guidelines recommend manipulative care for the cervical spine with evidence of objective functional improvement in activities of daily living or reduction in work restrictions. Sessions of 1-2 treatments every 4-6 months are recommended. In this case, the request for 18 chiropractic treatments exceeds guideline recommendations and is not medically necessary and appropriate.

Capsaicin QTY: 1.00: 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): Topical Analgesics.

Decision rationale: Guidelines recommend use of capsaicin for patients with osteoarthritis, post herpetic neuralgia, diabetic neuropathy and post mastectomy pain but only if they have failed other treatments. In this case, there were no extenuating circumstances to support use of capsaicin in this patient. The request for capsaicin is not medically appropriate and necessary.

Flurbiprofen QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. In this case, there was no evidence of failure of all other first line drugs and flurbiprofen is not approved for topical use. The request for topical flurbiprofen is not medically necessary.

Menthol QTY: 1.00: 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): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. In this case, there was no evidence of failure of all other first line drugs. There are no references showing efficacy of topical menthol. The request for topical menthol is not medically appropriate and necessary.

Gabapentin QTY: 1.00: 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): Medications for chronic pain.

Decision rationale: Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of gabapentin is recommended if there is adequate response to pain. In this case, the patient is not documented to have diabetic neuropathy or postherpetic neuralgia. Thus the request for gabapentin is not medically appropriate and necessary.