

<b>Case Number:</b>	CM13-0006552		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This male sustained an injury on 3/12/13 while employed by the [REDACTED]. Requests under consideration include Trial of Acupuncture 2x4 for Neck and Back, Prilosec 20mg #100, Fluriflex cream 180gm, and TGHOT Cream. Per a report from [REDACTED] dated 6/13/13, the patient had complaints of significant low back pain radiating to left greater than right lower extremity as well as persistent neck pain radiating into the bilateral trapezius musculature. Exam results indicated cervical spine with tenderness at C6-7 and bilateral trapezius muscles, occipital insertion of paraspinal musculature; Spurling's negative, upper extremity neurovascular status is intact; diffuse tenderness in shoulder with decreased range and positive impingement signs. An exam of the spine noted mild spasms, decreased range with midline tenderness; lower extremity DTRs diminished with decreased sensation in L5 and S1 dermatomes; gait antalgic on left. Diagnoses included Left L5-S1 disc herniation; cervical hyperextension/hyperflexion; Bilateral shoulder contusion with mild tendinitis; possible hypertensive disorder; Posttraumatic head syndrome. The patient remained on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Acupuncture 2x4 for the Neck and Back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Guidelines recommend an initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The medical records provided for review have not demonstrated the medical indication to support for 8 visits, 2 beyond what was already certified. The trial of Acupuncture 2x4 for the neck and back is not medically necessary and appropriate.

**Prilosec 20mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, criteria for the use of Prilosec is reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The medical records provided for review have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. There is no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Prilosec. The request for Prilosec 20mg #100 is not medically necessary and appropriate.

**Fluriflex cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesics over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. The medical records provided for review have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The request for Fluriflex cream 180gm is not medically necessary and appropriate.

**TGHot Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesics over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. The medical records provided for review have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The request for TGHOT Cream 180gm is not medically necessary and appropriate.