

<b>Case Number:</b>	CM13-0045330		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 68-year-old female who reported an injury on 11/18/2012 due to a fall. The patient sustained an injury to her cervical spine, lumbar spine, left shoulder, and left ankle, and suffered emotional distress. The patient's chronic pain was managed with medications, physical therapy, acupuncture, and psychiatric support. The patient's most recent clinical examination revealed that the patient was able to significantly reduce the amount of pain medication it took to manage her chronic pain during previous acupuncture treatments. It was also noted that the patient had increased range of motion. The patient's physical examination revealed 9/10 headache pain, tenderness to palpation over the paravertebral musculature of the entire back, with a positive straight leg raising test to the right, and tenderness to palpation over the acromioclavicular joint of the left shoulder with a positive impingement sign. The patient's diagnoses included cervical strain, left shoulder impingement syndrome, lumbar radiculopathy, left ankle sprain, and anxiety reaction. The patient's treatment plan included additional acupuncture treatments, continuation of medications as needed for pain, neurologist referral due to an increase in headache pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 4 for the neck and shoulders, back, left knee and foot, and legs:**

Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The requested acupuncture 2 times a week for 4 weeks for the neck, shoulders, back, left knee, and foot, and legs, is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient as able to reduce her medications during acupuncture treatments and prior treatments increase her range of motion. The California Medical Treatment Utilization Schedule recommends the continuation of acupuncture treatments when there is evidence of medication reduction and increased functional capabilities. However, the clinical documentation submitted for review did not provide any quantitative evidence or specific identification of medication reduction to support continued treatment. Therefore, the requested acupuncture 2 times 4 for the neck, shoulders, back, left knee, foot, and legs is not medically necessary or appropriate.

**Medrox pain relief ointment, applied 2 times a day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical analgesics.

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

**Decision rationale:** The requested Medrox pain relief ointment applied 2 times a day is not medically necessary or appropriate. The requested medication is a compounded medication that contains Capsaicin, methyl salicylate, and menthol. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol for osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is osteoarthritic in nature. Additionally, the California Medical Treatment Utilization Schedule only recommends the use of Capsaicin as a topical agent when there is evidence of the patient failing to respond to other first line treatments. Additionally, there is no documentation of functional benefit or pain relief related to these medications to support continued use. As such, the requested Medrox pain relief ointment applied 2 times a day is not medically necessary or appropriate.

**Ketoprofen 75 mg, #30 1 every day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

**Decision rationale:** The requested Ketoprofen 75 mg #30 taken 1 every day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by documentation of significant functional benefit and pain reduction. The clinical documentation does not provide a quantitative assessment of the patient's pain to support that this medication is providing any relief for this patient. Additionally, there is no documentation of functional benefit related to medication usage. As such, the requested Ketoprofen 75 mg #30 taken 1 every day is not medically necessary or appropriate.

**Orphenadrine ER 100 mg, #60 1 every day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Orphenadrine ER 100 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short courses of treatment not to exceed 2 to 3 weeks. The requested 60 tablets exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested orphenadrine ER 100 mg #60 taken 1 every day is not medically necessary or appropriate.