

<b>Case Number:</b>	CM13-0047572		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old female with a date of injury of 04/17/2011. The listed diagnoses per Dr. Capen dated 10/14/2013 are: 1. Head trauma 2. Cervical Mild Discopathy 3. Hypermobility at C4-C5, C5-C6. According to Doctor's First Report dated 10/14/2013 by [REDACTED], patient presents with neck, back, shoulders, and arm pain. Report indicates patient has "brain and neuro problems" as well. Examination showed "cervical spine positive head compression, positive Spurling's, diffuse tenderness, and intact upper extremity range of motion." Treater recommends orthopedic evaluation, topical medication, acupuncture x8, home traction unit, and neuro consult. Report states "comprehensive report to follow", unfortunately the comprehensive report was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical medication Gabaketolido 6/20/6.15% 240gm apply bid q 6 hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with neck, back, shoulders, and arm pain. Treater requests Gabaketolido rub 240 gms "to be applied to the affected area twice daily, 6 hours apart, then withhold for 12 hours." Gabaketolido rub is a compound topical medication containing gabapentin, ketoprofen and lidocaine. MTUS guidelines regarding topical analgesics pg 111 states it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabadetolido rub contains a topical gabapentin which is not recommended as a topical formulation per MTUS guidelines. Recommendation is for denial.

**Pneumatic home cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 173.

**Decision rationale:** This patient presents with neck, back, shoulders, and arm pain. Treater requests a Pneumatic home cervical traction. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. The use of a home traction device does not provide for close monitoring by a medical professional. Recommendation is for denial.

**Acupuncture 8 sessions of neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** This patient presents with neck, back, shoulders, and arm pain. Treater requests 8 Acupuncture sessions. Medical records indicate that prior acupuncture treatments have been received. Report dated 11/23/2011 notes patient has had 6 visits, report dated 01/04/2012 notes patient had additional 6 visits and report dated 02/15/2012 states patient continues with "current acupuncture prescription. MTUS guidelines for acupuncture pg 8 recommend acupuncture for pain, suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e): Documentation of clinically significant improvement of ADL or reduction in work restrictions AND decreased dependency on medical treatments. Despite numerous reports indicating prior acupuncture treatments in 2011 and 2012, the treater does not provide any discussion regarding functional

improvement. Transient symptomatic reduction from acupuncture treatments are not the basis for continued treatments but rather functional improvement. Recommendation is for denial.