

<b>Case Number:</b>	CM13-0057124		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 08/01/2008. The patient was reportedly injured secondary to repetitive typing. The patient is diagnosed with pain in the upper arm and status post surgery. The patient was seen by [REDACTED] on 08/08/2013. The patient reported constant right shoulder, elbow, and hand pain with radiation into the fingers. Physical examination revealed tenderness to palpation with painful range of motion. The treatment recommendations included acupuncture treatment twice per week for 6 weeks as well as prescriptions for 2 separate compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for four weeks: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines states acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. As per the documentation submitted, the patient has completed an extensive

amount of acupuncture treatment to date. Documentation of objective functional improvement was not provided. Despite ongoing treatment, the patient continues to report constant pain. The patient's physical examination continues to reveal tenderness to palpation and painful range of motion. Additionally, the current request for 8 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

**Flurbiprofen 20% Tramadol 20% in mediderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only approved topical NSAID is Diclofenac. There is no documentation of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the request is non-certified.

**Gabapentin 10%/ Amitriptyline 10%/ Dexamethorphan 10 % in mediderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state Gabapentin is not recommended for topical use. As such, the request is non-certified.

**Gabapentin 10%/ Tramadol 20%/ Lidocaine 5% in mediderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state Gabapentin is not recommended for topical use. As such, the request is non-certified.

**Norco 5/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report constant pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.