MAXIMUS Federal Services

Case Number:	CM14-0000576		
Date Assigned:	01/22/2014	Date of Injury:	10/14/2009
Decision Date:	06/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 56-year-old female with a date of injury of 10/14/2009. The listed diagnoses per [redacted] are: 1. Cervical hyperextension/hyperflexion. 2. Left shoulder impingement. 3. Right wrist/hand pain. 4. Lumbar sprain/strain syndrome. 5. Left leg contusion. 6. Right knee pain. According to the 02/01/2013 report by [redacted], this patient presents with left shoulder symptomatology as well as bilateral hand pain. Examination of the left shoulder revealed abduction is 120 degrees and forward flexion is 130 degrees. Impingement sign is positive. In this progress report the treater recommends patient proceed with intramuscular injection and extracorporeal shockwave therapy. Reports 07/04/2013 indicates patient continues to experience right wrist pain and low back pain. Patient is also complaining of stress, anxiety, and depression. Recommendation is for Tramadol, omeprazole, a urine drug screen, a psychiatric evaluation referral and a compound topical cream. The medical file provides 2 progress reports by [redacted]. Neither of these reports provides any discussion regarding acupuncture or physical therapy. The request is for 8 acupuncture visits, 8 physical therapy sessions, Topical cream, Ultracet 37.5 #100, naproxen 550 mg #100, and Exoten-C lotion. Utilization review denied the request on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE; 8 VISITS, RIGHT WRIST AND THUMB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low Back Pain..

Decision rationale: This patient presents with neck, left shoulder, back, and knee pain. The treating physician is requesting acupuncture 8 visits for the right wrist and thumb. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per week with optimal duration of 1 to 2 months. Acupuncture treatments can be extended if functional improvement is documented. The reports provided for review from 02/01/2013 and 07/04/2013 provides no discussion on any prior acupuncture. Given the patient's multiple complaints, a short course of 3 to 6 treatments may be warranted, but the treating physician is requesting 8 visits which exceed what is recommended by MTUS for a trial. Therefore, based on guidelines and a review of the evidence, the request for Acupunture 8 visits are not medically necessary.

PHYSICAL THERAPY; EIGHT TOTAL SESSIONS, TWO TIMES PER WEEK FOR FOUR WEEKS, LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with left shoulder and low back pain. The treating physician is requesting 8 sessions of physical therapy. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provides two progress reports. Both reports do not provide any discussion regarding physical therapy. Given there are no documentation of any recent therapy a course of 8 session to address the lower back complaints may be warranted. The request for Physical Therapy are medically necessary.

GABAKETOLIDO CREAM 240 GM BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

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

Decision rationale: This patient presents with neck, left shoulder, low back, leg, and right knee pain. The treating physician is requesting Gabaketolido Cream. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used

with few randomized control trials to determine efficacy or safety." The MTUS Guidelines page 112 supports the use of topical NSAIDs for peripheral joint arthritis or tendinitis which this patient has. However, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved for topical application. "It has an extremely high incident of photocontact dermatitis." Furthermore, Gabapentin is not recommended as a topical formulation. Therefore, the request for Gabaketolido Cream is not medically necessary.

ULTRACET 37.5-325 MG Q6-8H #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use Of Opioids, Opioids for Chronic Pain , Page(s): 6.

Decision rationale: For opiates use in chronic pain, Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The Treating physicain provides two progress reports for review. Report 02/01/2013 provides no discussion regarding any medications. Review of the 07/04/2013 report showed the patient has been using Tramadol which has been "helpful in controlling patient's flare-up." There are no additional documentation such as pain scale, specific changes in ADL's due to medication use, or change in work status as required by MTUS. No specific documentations are provided regarding the "outcome measures" or pain assessment. Given the lack of sufficient documentation of this medications efficacy, the request for Ultracet is not medically necessary.

NAPROXEN 550 MG BID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications, Page(s): 60-61, 22.

Decision rationale: For anti-inflammatory medication, the MTUS Guidelines page 22 states "anti-inflammatory are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long-term use may not be warranted." In this case, the progress report from 02/01/2013 and 07/04/2013 do not provide any discussions of Naproxen. Utilization review reports this patient has been taking Naproxen "chronically for over a year." There is no indication that there has been any decrease in pain or improvement in functional activities from taking Naproxen. MTUS page 60 requires pain assessment and functional changes to be documented when medication is used for chronic pain. The request for naproxen is not medically necessary.

EXOTEN-C LOTION 113.4 TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

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

Decision rationale: The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines page 112 supports the use of topical NSAIDs for peripheral joint arthritis or tendinitis which this patient has. However, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved for topical application. "It has an extremely high incident of photocontact dermatitis." Furthermore, Gabapentin is not recommended as a topical formulation. Therefore, the request for Exoten-C Lotion is not medically necessary.