

Case Number:	CM14-0111244		
Date Assigned:	08/01/2014	Date of Injury:	10/23/2009
Decision Date:	10/02/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 40-year-old female with a 10/23/09 date of injury. At the time (5/30/14) of request for authorization for CMPD FluriFlex 15/10% cream 240gm to apply in a thin layer to affected area twice daily as directed by physician, CMPD TGHOT cream 8/10/2/2/.05% to apply a thin layer to affected area twice daily as directed by physician, chiro x 8 (2x4) lumbar spine, and acupuncture x 8 (2x4) lumbar spine. There is documentation of subjective (right wrist pain 10/10 described as achy, neck and low back pain persists at a moderate grade, neck pain achy with pins and needles rated 7/10, achy pain in bilateral shoulders rated 8/10, and achy low back pain rated 7/10) and objective (gait slightly antalgic, tenderness at occipital insertion of paracervical musculature, mild tenderness bilaterally in trapezii, midline base of cervical spine tender, Tinel's and Phalen's positive bilateral wrists, tenderness to palpation from thoracolumbar spine down to base of pelvis, paralumbar musculature slightly tight bilaterally, buttocks tender, unable to fully squat due to pain, and lumbar flexion 20, extension 15, tilt 15 degrees bilaterally) findings, current diagnoses (C5-C6 disc herniation with intermittent radiculopathy, mild bilateral shoulder impingement syndrome, L4-L5 disc protrusion with intermittent radiculopathy, and moderate bilateral carpal tunnel syndrome), and treatment to date (medications (including ongoing treatment with Naprosyn and Tramadol) and physical therapy). It cannot be determined if this is a request for initial or additional chiropractic therapy and acupuncture. Regarding acupuncture x 8 (2x4) lumbar spine, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD FluriFlex 15/10% cream 240gm to apply in a thin layer to affected area twice daily as directed by physician: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for CMPD FluriFlex 15/10% cream 240gm to apply in a thin layer to affected area twice daily as directed by physician is not medically necessary.

CMPD TGHOT cream 8/10/2/2/.05% to apply a thin layer to affected area twice daily as directed by physician: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for CMPD TGHOT cream 8/10/2/2/.05% to apply a thin layer to affected area twice daily as directed by physician is not medically necessary.

Chiro x 8 (2x4) lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of C5-C6 disc herniation with intermittent radiculopathy, mild bilateral shoulder impingement syndrome, L4-L5 disc protrusion with intermittent radiculopathy, and moderate bilateral carpal tunnel syndrome. In addition, there is documentation of objective functional deficits and functional goals. However, given documentation of a 10/23/09 date of injury, where there would have been an opportunity to have had previous chiropractic therapy, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy. Therefore, based on guidelines and a review of the evidence, the request for chiro x 8 (2x4) lumbar spine is not medically necessary.

Acupuncture x 8 (2x4) lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of C5-C6 disc herniation with intermittent radiculopathy, mild bilateral shoulder impingement syndrome, L4-L5 disc protrusion with intermittent radiculopathy, and moderate bilateral carpal tunnel syndrome. However, given documentation of a 10/23/09 date of injury, where there would have been an opportunity to have had previous acupuncture, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture. In addition, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

Therefore, based on guidelines and a review of the evidence, the request for acupuncture x 8 (2x4) lumbar spine is not medically necessary.