

Case Number:	CM14-0111458		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2008
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine 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 injured worker is a 55 year old female who sustained an injury on 01/05/13. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic neck pain and moderate carpal tunnel syndrome. Prior treatment has included the use of NSAIDs and physical therapy. The injured worker has had multiple ER visits. The injured worker was seen on 05/29/14 with ongoing complaints of pain in the inside of the left knee. The injured worker was pending acupuncture treatment. The injured worker's physical exam noted focal tenderness to palpation in the left knee with minimal creptiation. The injured worker was noted to be taking more medication than the prescriber was comfortable with and was recommended for a sleep evaluation. The requested acupuncture treatment, referral to a sleep specialist, and topical compounded medications were all denied by utilization review on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per current evidence based guidelines, acupuncture therapy can be considered an option in conjunction with other avenues of treatment to include physical therapy. Guidelines do recommend an initial 4 sessions of acupuncture to determine the response to this modality in terms of functional improvement and pain reduction to support ongoing therapy. The requested 8 sessions would be considered excessive and not medically necessary.

Referral to sleep specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In regards to the referral to a sleep specialist, it is unclear how this will provide any further clinical information for this injured worker to allow a delineation of care. The injured worker did not present with any objective findings concerning possible sleep conditions affecting her overall chronic pain condition that would support a referral. As such, the request is not medically necessary and appropriate.

Ketoprofen/ lidocaine/cyclobenzaprine (unspecific dosage an quantity): Upheld

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

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

Decision rationale: In regards to the use of compounded topical medications to include ketoprofen, lidocaine, and cyclobenzaprine, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Ketoprofen and cyclobenzaprine which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there were no specifics regarding the amount or duration requested. Therefore, this compound cannot be supported as medically necessary.