

Case Number:	CM14-0127597		
Date Assigned:	09/16/2014	Date of Injury:	04/16/2008
Decision Date:	10/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pain 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 67-year-old male with an original date of injury of April 16, 2008. The industrial diagnoses include chronic neck pain, chronic low back pain, chronic pain syndrome, lumbosacral neuritis and radiculitis, and right wrist pain. The patient has a history of lumbar fusion and decompression at the L5 and S1 level. The disputed requests are for acupuncture and topical compounded cream. The injured worker was recently reported to have acute exacerbation of low back pain in a progress note on date of service June 17, 2014. The patient is already on Norco and Flexeril. The topical cream was noncertified by a utilization review because it contained topical cyclobenzaprine which is not recommended. The acupuncture was not certified because the patient was not documented to be taking part in a physical rehabilitation program at the present time and there was no documentation of any reduction in pain medications from previous acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, and lidocaine 5%):
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 Section Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 113 states that topical baclofen is "not recommended," but there is one Phase III study of Baclofen-Amitriptyline-Ketamine in cancer patients with chemotherapy-induced peripheral neuropathy. "There is no peer-reviewed literature to support the use of topical baclofen." Furthermore, the Chronic Pain Medical Treatment Guidelines on page 113 states that "there is no evidence for use of any other muscle relaxant as a topical product." The guidelines specify that if one drug or drug class of compounded formulation is not recommended, then the entire formulation is not recommended. Therefore this request is not medically necessary given that there is topical baclofen and topical cyclobenzaprine present.

Acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture treatment is noted in the treatment plan section of a progress note on date of service June 17, 2014. The request is for acupuncture for 2 times a week for the next 6 weeks due to the injured worker's acute exacerbation of pain. The acupuncture treatment guidelines specify that there should only be 6 initial visits of acupuncture, and with demonstration of functional benefit, an extension may be warranted. As such the request exceed the Chronic Pain Medical Treatment Guidelines, and this request is not medically necessary.