

<b>Case Number:</b>	CM14-0135680		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 08/17/2013. The mechanism of injury was not provided. On 01/31/2014, the injured worker presented with pain in the lumbar spine, thoracic spine, and left shoulder. Upon examination of the left shoulder, there was painful restricted range of motion and there was tenderness to palpation over the paraspinal region in the lumbar spine. Much of the note is handwritten and largely illegible. The diagnosis was sprain/strain discogenic pain of the shoulder. Prior therapy included acupuncture, shockwave therapy, and medications. The provider recommended a capsaicin patch, infrared electro acupuncture, and chromatography. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin patch:** 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.

**Decision rationale:** The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended, is not recommended. The guidelines note that capsaicin is indicated for injured workers who are responsive to or intolerant of other medications. Additionally, there was lack of documentation of the injured worker's failure to respond to or intolerant of other medications. There is lack of documentation of the injured worker's failure to respond to an antidepressant or anticonvulsant trial. The provider's request does not indicate the dose, frequency, or quantity of the capsaicin patch or the site it is indicated for in the request as submitted. As such, the request for Capsaicin patch is not medically necessary and appropriate.

**Infrared, Elect ACU 2-3 per week for 4 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 states acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed in 3 to 6 treatments 1 to 3 times a week and for an optimum duration of 1 to 2 months. The provider's request for acupuncture therapy 2 to 3 times a week for 4 weeks exceeds the guideline recommendation. Additionally, the efficacy of the prior acupuncture electro therapy has not been established. There is lack of documentation that the injured worker is intolerant of medication or is recommended for reduced medications. As such, the request for Infrared, Elect ACU 2-3 times per week for four weeks is not medically necessary.

**Initial high complexity - pain management evaluation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office Visit.

**Decision rationale:** The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for clinical office visit a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with the eventual injured worker

independence of the healthcare system through self care as soon as clinically feasible. There is lack of documentation of a complete and adequate pain assessment of the injured worker. Additionally, the provider's rationale for an initial high complexity pain management evaluation was not provided. There was lack of documentation and how a pain management evaluation will allow the provider to evolve in a treatment plan or goals for the injured worker. As such, the request for Initial high complexity - pain management evaluation is not medically necessary.

**Retrospective Chromatography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs and may be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate that injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is no evidence of opioid use. As such, the retrospective request for Chromatography is not medically necessary.