

<b>Case Number:</b>	CM14-0139382		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 52 year old female who reported an injury to her left knee when she missed a step on a ladder on 06/02/12. The utilization review dated 08/19/14 resulted in denials for tramadol, Medrox, and acupuncture as insufficient information had been submitted regarding the need for total of 12 acupuncture sessions. No information was submitted regarding benefits with the use of tramadol in the past. The use of compounded medications was not well supported. A clinical note dated 08/07/14 indicated the injured worker complaining of left knee inflammation. The injured worker had positive McMurray sign. A clinical note dated 07/03/14 indicated the injured worker undergoing aquatic therapy. The injured worker stated that the therapy was reducing her knee pain. The therapy note dated 02/04/14 indicated the injured worker completing eight physical therapy sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4, Left Knee:** 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 three times a week times four weeks for the left knee is not medically necessary. The injured worker underwent left knee operative procedure. Total of six acupuncture treatment sessions are recommend with an evaluation in order to assess the response to treatment recommended. The request for total of 12 acupuncture sessions exceeds guideline recommendations as no exceptional factors were identified in the submitted clinical documentation. Given this, the request is not indicated as medically necessary.

**Medrox Pain Relief Ointment:** 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 safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Tramadol 50mg:** 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 Opioids, criteria for use Page(s): 77.

**Decision rationale:** There should be a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. No information was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.