

Case Number:	CM14-0161360		
Date Assigned:	10/06/2014	Date of Injury:	06/30/2006
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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:

Pursuant to the progress report dated September 2, 2014, the IW complains of right trapezius pain rated 4/10 that comes and goes. Previous acupuncture in 2012 resulted in less stiffness and increased activity tolerance. Past history: The IW is taking Gabapentin under a separate claim. He reports gradual worsening of muscle tension and spasm in the right trapezius over the past year. It is not interfering with activities of daily living. On examination, there was hypertonicity of the trapezius right greater than left with tenderness to palpation. /strain of the neck, stable; and sprain/strain thoracic region. Diagnoses include: Sprain/Plan is for acupuncture treatment of the right trapezius 2 times a week for 3 weeks and Voltaren gel 1% to the right trapezius area as needed. He is unable to tolerate oral NSAIDs due to gastroesophageal reflux disease (GERD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) x a week x three (3) weeks for right trapezius: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture two times a week for three weeks for right trapezius is not medically necessary. The guidelines provide indications for acupuncture. It includes initial trial of 3 to 4 visits over two weeks; for the evidence of objective functional improvement, total up to 8 to 12 visits over 4 to 6 weeks. In this case the injured worker was complaining of right trapezius pain that comes and goes. The documentation shows previous acupuncture in 2012 that resulted in less stiffness with increased activity tolerance overall functional improvement. The treatment plan was for acupuncture to the right trapezius two times a week for three weeks in addition to Voltaren gel. Acupuncture guidelines indicate a trial of 3 to 4 visits over two weeks with reevaluation for objective functional improvement. Consequently, acupuncture two times a week for three weeks is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, acupuncture two times a week for three weeks to the right trapezius is not medically necessary.

Voltaren gel 1%: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren Gel 1% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hands, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the treating physician documented Voltaren gel was to be used in conjunction with acupuncture. However, Voltaren gel is not indicated for application to the trapezius muscle. The guidelines indicate Voltaren gel indicated for application to joints that lends itself to topical treatment such as the ankle and knee or wrist. Additionally, Voltaren gel is indicated for relief of osteoarthritis pain. The trapezius is neither. Consequently, Voltaren gel is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Voltaren gel 1% is not medically necessary.