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| <b>Case Number:</b>   | CM14-0029755 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 10/14/2009 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/07/2014 |

### 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 Occupational 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 applicant is a represented 49-year-old [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier right shoulder surgery in 2012; unspecified amounts of postoperative physical therapy; epidural steroid injection therapy; earlier cervical fusion surgery in December 2012; and, per the claims administrator, eight sessions of acupuncture in 2013. In a Utilization Review Report dated March 3, 2014, the claims denied a request for twelve sessions of acupuncture and denied a request for topical Menthoderm gel. Overall rationale was sparse and somewhat difficult to follow. The applicant's attorney subsequently appealed. A December 11, 2013 handwritten note was notable for comments that the applicant reported 5-6/10 pain with medications and 9-10/10 pain without medications. The applicant was, however, given diagnoses of chronic neck pain and carpal tunnel syndrome. Acupuncture, Neurontin, and Percocet were apparently endorsed while the applicant was apparently placed off of work. The documentation was, as previously noted, sparse, handwritten, and difficult to follow. In a December 13, 2013 progress note with a different provider, the applicant again presented with persistent neck, wrist, and shoulder pain. The applicant was reportedly using Neurontin 600 mg daily and Percocet three times a day, it was stated. The applicant was asked to pursue additional acupuncture and remained off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR NECK AND RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question is a renewal request. The applicant has already had extensive acupuncture over the course of the claim, including at least eight sessions in 2013 alone. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined section 9792.20f. In this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f despite earlier acupuncture. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications, including Neurontin and Percocet. Therefore, the request for additional acupuncture is not medically necessary.

**MENTHODERM GEL #120 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105,7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend salicylate topical such as Mentherm in the treatment of chronic pain, as is present here page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider should factor into account some discussion of medication efficacy into his choice of recommendation. In this case, however, there has been no clear demonstration of efficacy of Mentherm gel as defined by the parameters established in MTUS 9792.20f. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including oral and topical medications, adjuvant medications, opioid medication, acupuncture, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Mentherm gel. Therefore, the request is not medically necessary.