

<b>Case Number:</b>	CM14-0048730		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Management 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:

This is a patient with a date of injury of 11/29/05. A utilization review determination dated 3/19/14 recommends non-certification of Voltaren gel. Acupuncture was modified from 12 sessions to 6 sessions. A 4/30/14 medical report identifies back pain associated with pain and weakness in both legs as well as muscle spasms. He has had two fusions and was told that no further surgery is advised. Pain was 7.5/10 that day, and was said to increase to 7-8/10 with activity. He is stable with medication Norco, Voltaren, and Flexeril, which allow him to increase function and maintain activities of daily living (ADLs) with less pain. The patient noted that he was authorized for 6 visits of acupuncture, but the provider notes that they have not received any response yet. On exam, no abnormal findings were noted. The treatment plan includes Norco, Flexeril, Voltaren gel, trial of acupuncture, and random urine drug tests (UDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, QTY: 12 sessions:** Upheld

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

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

**Decision rationale:** MTUS Guidelines does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented. Functional improvement is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is noted that the request for 12 sessions was modified to certify 6 initial sessions in the utilization review. While a trial of 6 sessions is supported for patients with chronic pain, 12 initial sessions are not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request is not medically necessary.

**Voltaren Gel , QTY: 5 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Antinflammatory Agents (NSAIDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** MTUS Guidelines notes that topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are not recommended for neuropathic pain, as there is no evidence to support use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the long-term use of the medication, or for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the request is not medically necessary.