

Case Number:	CM14-0050233		
Date Assigned:	07/07/2014	Date of Injury:	03/11/2011
Decision Date:	09/17/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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,, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old female who reported injury on 03/11/2011 due to tripping over a coworker's crutches and falling. The injured worker has diagnoses of thoracic back pain, degenerative disc disease of the thoracic spine, dextroscoliosis of the thoracic spine, facet arthropathy of the thoracic spine, fracture of the middle/proximal third phalange of the right middle finger and sprain of the thoracic region. The injured worker's past medical treatment consisted of acupuncture, the use of a TENS unit, physical therapy, occupational therapy and medication therapy. Medications include Terocin lotion apply 2 mL twice a day, Atenolol 25 mg 1 tablet by mouth daily, omeprazole 20 mg 1 capsule by mouth daily, ibuprofen 600 mg 1 tablet by mouth every 6 hours, Zolpidem 10 mg 1 tablet by mouth at bedtime, cyclobenzaprine 10 mg 1 tablet by mouth 3 times a day and Ultram 50 mg 1 tablet by mouth every 6 hours. The injured worker complained of upper back pain that she described as stabbing and burning. The injured worker also reported an increase in bilateral upper extremity tingling/numbness, right greater than left. The injured worker rated her pain at a 7-8/10 without pain medication, and a 6-7/10 with pain medication. Physical examination dated 05/07/2014 revealed that the injured worker's thoracic spine had 5-/5 bilateral upper extremity strength secondary to pain. Sensation was slightly diminished in the C7-8 dermatome. Spurling's sign was negative. Deep tendon reflexes were +2 and symmetric. There was no clonus or increased tone. Hoffman's sign was negative bilaterally. The examination revealed that the injured worker had tenderness over the cervical paraspinals, upper/middle/lower trapezius and rhomboids. Examination also revealed that there were significant muscle spasms with related myofascial restrictions palpable in the ISA and lower thoracic region. There was trigger point tenderness in bilateral trapezius, C7 to T11 bilaterally. There was tenderness over the facet joints at C7 to T7. The injured worker's cervical

spine range of motion was reduced in all planes secondary to pain and tightness. The treatment plan was for the injured worker to continue with the use of the Voltaren gel and continue sessions of acupuncture. The rationale was that the provider believes that the acupuncture is beneficial to the injured worker's pain levels. The Request for Authorization form was submitted on 06/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: 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): 111-112.

Decision rationale: The request for Voltaren gel is non-certified. The injured worker complained of upper back pain that she described as stabbing and burning. The injured worker also reported an increase in bilateral upper extremity tingling/numbness, right greater than left. The injured worker rated her pain at a 7-8/10 without pain medication, and a 6-7/10 with pain medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Not recommended for the use of neuropathic pain, as there is no evidence to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the submitted reports, there was no documentation as to where the cream would be applied, the amount applied, or frequency. There was also a lack of quantified evidence of the current medication the injured worker was taking. Given the above, and the evidence in the submitted reports, the use of Voltaren gel is not recommended. The efficacy is also questionable, and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, the request did not specify a location of the medication, a dosage, or a frequency. As such, the request for Voltaren gel is non-certified.

Acupuncture sessions one times a week for six weeks (thoracic): 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 sessions one times a week for six weeks (thoracic spine) is non-certified. The California MTUS guidelines state that acupuncture is used

as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Progress note dated 05/02/2014 stated that the injured worker felt the most pain relief with sessions of acupuncture. However, there was no submitted report stating what the outcomes of the acupuncture sessions were. There was no documentation stating what the injured worker's pain levels were before, during and after the sessions of acupuncture. There was also no documentation showing whether the acupuncture helped with any functional deficits the injured worker might have had. It was not clear when the last session was performed or how many sessions have been completed to date. No assessments were submitted for review of sustained benefit. It is stated in the MTUS Guidelines that if functional improvement is visible within the first 3 to 6 treatments that acupuncture may be extended if functional improvement is documented, including either a clinical significant improvement in activities of daily living or a reduction in work restrictions. There was no such evidence supported in the review submitted. As such, the request for acupuncture 1 session for 6 weeks is non-certified.