

<b>Case Number:</b>	CM14-0081429		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 10/21/2011 reportedly while working on a roof he picked up a piece of plywood; as he straightened out he experienced a pop in his low back with intense back pain. The injured worker's treatment history included surgery, pain management consultation, physical therapy, psychological evaluation, injections, and a pain management consultation. The injured worker was evaluated on 03/31/2014 and it was documented the injured worker complained of consistent pain in his lower back traveling to his posterior bilateral right leg which he described as aching, throbbing, and sharp. He rated his pain as 8/10 to 9/10 on the pain scale. Physical examination of the spine revealed tenderness and decreased range of motion of the lumbosacral spine. Peripheral vascular examination was within normal limits. Medications included Norco and metformin. Diagnoses included diabetes mellitus and lumbago. The request for authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve acupuncture sessions to cervical and lumbar spine between 04/03/2014 and 08/07/2014.: Upheld**

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

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

**Decision rationale:** The request is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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 guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicated that the injured worker previously participated in conservative care, however outcome measurements were not provided for review. In addition, the documents submitted failed to indicate injured worker long-term functional goals. Given the above, the request for 12 acupuncture sessions to cervical and lumbar spine between 04/03/2014 and 08/07/2014 is not medically necessary.

**One prescription for FluriFlex, 180 gram between 04/03/2014 and 08/07/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounded medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDS are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints amenable to topical treatments. Recommendations are made for a 4 to 12 week period. There is little evidence to utilize topical NSAIDS to treat osteoarthritis of the spine hip or shoulder. The guidelines do not recommend cyclobenzaprine as a topical medication. It was also unclear if the injured worker had a diagnosis which would be concurrent with the guideline recommendation of topical NSAIDS. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request for 1 prescription for FluriFlex, 180 gram between 04/03/2014 and 08/07/2014 is not medically necessary.

**One prescription for TGHOT, 180 gram between 04/03/2014 and 08/07/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): pages 111-113.

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin, Tramadol, Menthol, Camphor and is not recommended for topical application. Capsaicin is only recommended as an option in patients who have not responded, or intolerant to other treatments. The guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis, which would be concurrent with the guideline recommendation of topical NSAIDs. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request for 1 prescription for TGHOT, 180 grams between 04/03/2014 and 08/07/2014 is not medically necessary.

**One prescription for Norco 5/325 #45 between 04/03/2014 and 08/07/2014.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for Ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 5/325 #45 between 04/03/2014 and 08/07/2014 is not medically necessary.