

Case Number:	CM14-0082172		
Date Assigned:	07/21/2014	Date of Injury:	10/29/2004
Decision Date:	09/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 10/29/04. A utilization review determination dated 5/20/14 recommends non-certification of TGHOT and acupuncture. 4/23/14 medical report identifies pain and numbness in the neck, shoulders, and hands with weakness, as well as pain in the low back and feet with numbness and tingling. Pain is 5/10. Norco and gabapentin are said to be helpful in decreasing symptoms. On exam, head compression sign and Spurling's maneuver are positive. There is tenderness and muscle spasm with limited ROM. Biceps reflex is diminished along with biceps and wrist extensor strength and sensation of the dorsum of the hand. Bilateral hands have abnormal skin color and cool temperature with positive Tinel's and Phalan's signs as well as moderate decrease in pin appreciation in the median distribution. Wrist strength is 3/5. Topicals and acupuncture are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT cream (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor2%, Capsaicin 0.05%) 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: Regarding the request for TGHot cream, California MTUS cites that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGHot cream is not medically necessary.

Acupuncture X8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & upper back, acupuncture guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which 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, the patient has a longstanding injury, but there is no indication of whether or not prior acupuncture has been utilized and, if so, the response to that treatment. Regardless, in the case of initial acupuncture, a trial of up to 6 sessions is supported and, unfortunately, there is no provision for modification of the current request from 8 sessions to 6 sessions. In light of the above issues, the currently requested acupuncture is not medically necessary.