

<b>Case Number:</b>	CM14-0084218		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Family 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 worker is a 43 year old female who was injured on 7/15/2012. She was diagnosed with left shoulder sprain/strain and shoulder stiffness. She was treated with surgery (left shoulder arthroscopy), physical therapy, TENS unit, medications, and acupuncture. On 4/30, 2014, the worker was seen by her treating physician complaining of her ongoing left shoulder pain with activity. Physical examination revealed tenderness of the left shoulder. She was then recommended to continue her then current medications (not listed in the documentation), exercise at home, continue acupuncture, and add "Keto cream".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Acupuncture Visits for Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the

side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, she had completed at least 24 sessions of acupuncture. It is noted that she had been approved for a total of 36 sessions, which means that she already had a remaining 12 sessions to complete. Also, no evidence of any functional or pain-reducing benefits was found in the notes available for review to suggest she would benefit from additional sessions. Therefore, the 12 additional sessions requested are not medically necessary.

**Keto Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, AND Topical analgesics, Ketamine. Page(s): 56, 113.

**Decision rationale:** "Keto Cream" is a topical cream with the primary ingredient being ketoconazole, an anti-fungal medication. The MTUS does not address this medication. It is unclear if the provider in the case of this worker was prescribing and intended to document "topical ketamine". It seems as though it was the latter, but without clarity on which medication is being requested, it should not be approved. However, the MTUS Chronic Pain Guidelines state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. It is unclear as to which medications in this case have been tried and failed. Also, there was not sufficient evidence of functional benefit with the use of this medication. Therefore, for the reasons above, the "Keto Cream" is not medically necessary.