

Case Number:	CM14-0202929		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2011
Decision Date:	02/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and mid back pain reportedly associated with an industrial injury of June 10, 2011. In a Utilization Review Report dated April 4, 2014, the claims administrator failed to approve a request for six sessions of acupuncture to include infrared lamp, electrical acupuncture, and myofascial release; failed to approve request for tramadol; and failed to approve request for a topical compounded cream. The claims administrator referenced a progress note of March 24, 2014 in its determination. The applicant's attorney subsequently appealed. On October 13, 2014, the applicant reported issues with gastritis, hypertension, constipation, reflux, dyslipidemia, and sleep disturbance. The applicant was using hydrochlorothiazide, Zestril, Nexium, Crestor, probiotics, aspirin, and Therapentin. On November 19, 2014, a medical-legal evaluator gave the applicant a 46% whole-person impairment rating owing to issues with arm pain, neck pain, hypertension, and dyslipidemia. In another Medical-legal Evaluation dated September 17, 2014, the applicant acknowledged that she was off of work and receiving both Workers' Compensation indemnity benefits and disability benefits. The applicant was not driving and was only doing basic household chores, it was acknowledged. The applicant was on naproxen, topical compounds, hydrochlorothiazide, Norvasc, Zestril, aspirin, Florinef, Crestor, tramadol, and various medical foods. The applicant stated that her medications were reducing her pain scores by 70% and helping her sleep. The applicant's medications were not ameliorating her depressive symptoms and/or anxiety symptoms. The applicant still felt tired, sleepy, nervous, and anxious and had pain generators including the hand, neck, arm, shoulders, and forearm. On November 24, 2014, acupuncture, myofascial release therapy, tramadol, and Prilosec were sought via a highly templated progress note which compromised largely of preprinted checkboxes. In an associated progress note of

November 24, 2014, the applicant reported multifocal complaints of neck, shoulder, mid back, and upper back pain, 8/10, with derivative complaints of insomnia, gastritis, and forearm pain. The applicant was using a variety of medications through a variety of providers. Acupuncture was sought with modalities including infrared lamp and myofascial release. Tramadol was renewed. The applicant was placed off of work, on total temporary disability. In a November 19, 2014, Medical-legal Evaluation, the applicant reported 7/10 hand, shoulder, knee, and forearm pain, exacerbated by standing, walking, gripping, and grasping. The applicant was dropping articles frequently, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - 1 x week for 6 weeks to include infrared lamp, electro-acupuncture and myofascial release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines and MTUS 9792.24.1.d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there does not appear to have been any clear evidence of functional improvement as defined in section 9792.20f. The applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as tramadol. The applicant was described on November 19, 2014 as having difficulty performing activities of daily living as basic as gripping, grasping and walking, owing to multifocal pain complaints. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture in unspecified amounts. Therefore, the request for additional acupuncture was not medically necessary.

Compound cream: Cyclobenzaprine/Neurontin (strength and quantity not specified):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. 112-113.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

