

Case Number:	CM14-0211129		
Date Assigned:	12/23/2014	Date of Injury:	03/27/2009
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal 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 injured worker (IW) is a 37-year-old man with a date of injury of March 27, 2009. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are C5-C6 stenosis; thoracic spine; lumbar strain; right shoulder post traumatic bursitis with acromioclavicular joint pain; right elbow pain with stiffness, status post dislocation; right wrist strain; right knee pain; right-sided temporomandibular joint pain; and bilateral carpal tunnel syndrome with positive EMG/NCV. Pursuant to the primary treating physician's progress reports dated November 19, 2014, the IW complains of aching, stabbing pain in the neck, upper back, right arm, bilateral wrists, and bilateral knees. The pain is associated with numbness and pins and needles sensation. The treating physician indicates the IW is not attending physical therapy presently, but has had acupuncture in the past. The frequency, duration, and total number of prior acupuncture sessions were not documented in the medical record. There were no acupuncture notes in the medical record available for review. The IW reports the acupuncture helped significantly reducing his symptoms. Examination of the cervical spine reveals no kyphosis. There is tenderness in the paraspinal musculature of the cervical spine along with muscle spasms. The IW is taking Tramadol, Hydrocodone and anti-inflammatory medications. He is also using topical creams, names not provided, which are helping. There was no evidence of objective functional improvement associated with the use of topical creams, specifically, the requested Voltaren gel. The current request is for acupuncture to the cervical spine X 8 sessions, and Voltaren cream 100 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture cervical spine times eight visits are not medically necessary. Acupuncture is under study for the upper back but not recommended for neck pain. Despite substantial increases in popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. For those who choose acupuncture, the Official Disability Guidelines enumerates the frequency and duration for treatments. The guidelines recommend an initial trial of 3 to 4 visits over two weeks; what evidence of objective functional improvement of total up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, a single progress note dated November 19 is present in the medical record. The injured worker's working diagnoses are C 5-C6 stenosis; thoracic strain; lumbar strain; right shoulder post traumatic bursitis with acromioclavicular joint pain; right wrist pain; right elbow pain was stiffness, status post dislocation; right knee pain; right sided temporomandibular joint pain; bilateral carpal tunnel syndrome with positive EMG/NCV; and headaches/dizziness. The documentation indicates the injured worker had acupuncture in the past. The frequency, duration and total number of acupuncture sessions are not in the medical record. There is no documentation of objective functional improvement prior acupuncture. Additionally, acupuncture is under study for the upper back but not recommended for neck pain. Consequently, absent clinical documentation with objective functional improvement to support the request for additional acupuncture along with the documentation indicating the total quantity of acupuncture sessions to date, acupuncture cervical spine times eight visits is not medically necessary.

Voltaren cream 100g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren cream 100 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren is the only FDA approved topical nonsteroidal anti-inflammatory drug. The gel is indicated for relief of osteoarthritis pain in the joint that lends

itself to topical treatment (ankle, elbow, Fort, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In the treatment plan/request for authorization section, there is a Voltaren cream 100 g request to apply to painful areas. The gel preparation is indicated for relief of osteoarthritis pain. The injured worker's working diagnoses are C 5-C6 stenosis; thoracic strain; lumbar strain; right shoulder post traumatic bursitis with acromioclavicular joint pain; right wrist pain; right elbow pain was stiffness, status post dislocation; right knee pain; right sided temporomandibular joint pain; bilateral carpal tunnel syndrome with positive EMG/NCV; and headaches/dizziness. There were no diagnoses, symptoms or signs compatible with osteoarthritis documented in the medical record. Additionally, the application of the cream is not specific to an area designated in the progress note. It is to be applied to "painful areas". The documentation indicates topical creams have been used prior to the November 2014 progress note. Consequently, absent specific clinical anatomical regions, documentation to support the use of Voltaren cream and evidence of objective functional improvement, Voltaren cream 100 g is not medically necessary.