

<b>Case Number:</b>	CM15-0009918		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 57 year old female, who sustained an industrial injury on 01/07/2009. She has reported pain to both upper extremities and neck. The diagnoses have included internal derangement of the knee; lateral epicondylitis; recurrent dislocation of the shoulder; and carpal tunnel syndrome. Treatment to date has included medications and surgical intervention. Medications have included Carisoprodol and Medrox Pain Relief Ointment. A progress note from the treating physician, dated 08/18/2014, documented a follow-up visit with the injured worker. The injured worker reported continued neck pain and left shoulder pain; and needs refill of medications. Objective findings included tenderness to palpation of the paravertebral muscles and spasm of the cervical spine; restricted range of motion; right shoulder range of motion is significantly restricted; bilateral wrists grip strength is reduced, as well as reduced sensation in the bilateral median nerve distribution; and Tinel's sign and Phalen's tests are positive bilaterally. The treatment plan has included continuing medications as before; and follow-up evaluation in 12 weeks. On 12/31/2014 Utilization Review noncertified a prescription for Cervical Spine MRI; Acupuncture x 12; Medrox Pain Relief Ointment x3; Carisoprodol 350 mg #180; and Naproxen Sodium 550 mg #30. The CA MTUS and ACOEM were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a prescription for Cervical Spine MRI; Acupuncture x 12; Medrox Pain Relief Ointment x3; Carisoprodol 350 mg #180; and Naproxen Sodium 550 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

**Decision rationale:** MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complaints of chronic neck pain. At the time of the request under review, documentation fails to show objective neurologic findings of nerve compromise and there is no evidence of red flags for spinal pathology. The request for MRI of the cervical spine, plain, is not medically necessary by MTUS.

**Acupuncture x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Acupuncture is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery and as an option when pain medication is reduced or not tolerated. The injured worker complaints of bilateral upper extremity and neck pain. Diagnoses include recurrent dislocation of the shoulder, carpal tunnel syndrome and chronic neck pain. Documentation provided indicates that acupuncture has been previously prescribed, but there is lack of evidence showing significant functional improvement. MTUS does not recommend acupuncture for neck pain or Carpal Tunnel syndrome. With guidelines not being met, the request for Acupuncture x 12 is not medically necessary.

**Medrox pain relief ointment #3:** Upheld

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

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

**Decision rationale:** Medrox ointment is a compounded formulation including Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. MTUS states that use of topical analgesics is

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Medrox pain relief ointment #3 is not medically necessary by MTUS.

**Carisoprodol 350mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic for musculoskeletal conditions. The main effect of Carisoprodol is due to generalized sedation as well as treatment of anxiety. Per guidelines, use of this drug is not recommended for longer than a 2 to 3 week period, as abuse has been noted for sedative and relaxant effects. Documentation fails to show significant functional improvement on chronic use of Carisoprodol. The request for Carisoprodol 350mg #180 is not medically necessary by MTUS.

**Naproxen sodium 550mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation or significant improvement in symptoms or function. With MTUS guidelines not being met, the request Naproxen sodium 550mg #30 is not medically necessary.