

Case Number:	CM15-0130282		
Date Assigned:	07/16/2015	Date of Injury:	04/07/2014
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: California
 Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on 4/7/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical / thoracic / lumbar spine musculoligamentous sprain/strain, bilateral shoulder sprain/strain, bilateral shoulder impingement syndrome, rotator cuff tear and right knee sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, therapy and medication management. In a progress note dated 5/21/2015, the injured worker complains of pain in the neck, mid/upper back, bilateral shoulder and right knee pain, rated 9/10 with numbness in the left hand. Physical examination showed tenderness and spasm in the cervical, thoracic and lumbar spine and decreased range of motion. The treating physician is requesting 8 sessions of acupuncture to the left shoulder, Tramadol 50 mg #60 and HMPHCC2 Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 210 gms 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2 times per week for 4 weeks (left shoulder only): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture therapy 2 times per week for 4 weeks (left shoulder only) , is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has pain in the neck, mid/upper back, bilateral shoulder and right knee pain, rated 9/10 with numbness in the left hand. Physical examination showed tenderness and spasm in the cervical, thoracic and lumbar spine and decreased range of motion. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture therapy 2 times per week for 4 weeks (left shoulder only) is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck, mid/upper back, bilateral shoulder and right knee pain, rated 9/10 with numbness in the left hand. Physical examination showed tenderness and spasm in the cervical, thoracic and lumbar spine and decreased range of motion. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.

HMPHCC2 Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 210 gms 30 day supply: 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 111- 113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested HMPHCC2 Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 210 gms 30 day supply, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has pain in the neck, mid/upper back, bilateral shoulder and right knee pain, rated 9/10 with numbness in the left hand. Physical examination showed tenderness and spasm in the cervical, thoracic and lumbar spine and decreased range of motion. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, HMPHCC2 Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 210 gms 30 day supply is not medically necessary.