

Case Number:	CM15-0140997		
Date Assigned:	07/30/2015	Date of Injury:	10/28/2000
Decision Date:	09/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55 year old female, who reported an industrial injury on 10-28-2000. Her diagnoses, and or impression, were noted to include: cervical spondylosis and degenerative disc disease with secondary stenosis; right shoulder rotator cuff tear and chronic impingement syndrome; right elbow medial epicondylitis and flexor tendinosis; secondary right lumbar radiculopathy; and secondary trochanteric bursitis. No current imaging studies were noted. Her treatments were noted to include diagnostic imaging studies; medication management with poor gastrointestinal tolerance for oral analgesics and anti-inflammatories; and a return to full work duties but with use of appropriate precautions. The progress notes of 5-6-2015 reported a scheduled follow-up visit for orthopedic re-examination for unchanged and worsening neck, right shoulder and right elbow symptoms. Her complaints included worsening lower back pain that radiated into the right lower extremity and plantar foot; and that she was able to continue working by self-modifying her job duties as needed, without formal work restrictions. Objective findings were noted to include tenderness to deep palpation over the lower lumbar area and right greater trochanter of the femur; decreased lumbar range-of-motion; and positive right straight leg raise. The physician's requests for treatments were noted to include medical electrical acupuncture treatments, a referral to Regenex Gene Therapy for a Stem Cell Procedure, and a neuropathic topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical electrical acupuncture x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with diagnoses that include cervical spondylosis and degenerative disc disease with secondary stenosis, right shoulder rotator cuff tear and chronic impingement syndrome, right elbow medial epicondylitis and flexor tendinosis, secondary right lumbar radiculopathy, and secondary trochanteric bursitis. Currently the patient complains of constant aching pain in the right aspect of the cervical spine with pain and tingling radiating into the right upper extremity. She also reports burning and sharp pain in the bilateral aspects of the lower lumbar spine with aching pain and tingling radiating down the right lower extremity. The current request is for 8 sessions of medical electrical acupuncture. The treating physician states on 6/15/15 (9C) that the patient "has failed previous conservative care treatments such as physical therapy, home exercise and chiropractic care. I will request medical acupuncture for pain relief and functional gain as it is the best modalities that have offered her symptomatic pain relief and functional gain". Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture treatment for spinal complaints. The AMTG states "Time to produce functional improvement: 3 to 6 treatments." Additionally it states that if acupuncture treatments are to be extended then there must be documented functional improvement. The AMTG does not support on-going acupuncture treatments without documentation of functional improvement. Functional improvement per labor code 9792.20(e) require significant change in ADL's, improvement in work status and decreased dependence of other treatments. In this case, review of the clinical records provided did not contain documentation of functional improvement gained from previous acupuncture treatment and the request for 8 sessions exceeds what the guidelines recommend. The current request is not medically necessary.

Neuropathic topical cream Ketamine 10%, baclofen 3% cyclobenzaprine 2% gabapentin 6%, lidocaine 5%: 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 rationale: The patient presents with diagnoses that include cervical spondylosis and degenerative disc disease with secondary stenosis, right shoulder rotator cuff tear and chronic impingement syndrome, right elbow medial epicondylitis and flexor tendinosis, secondary right lumbar radiculopathy, and secondary trochanteric bursitis. Currently the patient complains of constant aching pain in the right aspect of the cervical spine with pain and tingling radiating into the right upper extremity. She also reports burning and sharp pain in the bilateral aspects of

the lower lumbar spine with aching pain and tingling radiating down the right lower extremity. The current request is for neuropathic topical cream Ketamine 10%, Baclofen 3%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5%. The treating physician states on 6/15/15 (9C) "I will also request neuropathic topical cream for pain control and anti-inflammatory purposes" and notes indicate the patient has previously shown poor tolerance for oral analgesic and anti-inflammatory medications, which resulted in significant gastrointestinal side effects. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of anti-depressants and anti-convulsion have failed; applied locally to painful areas. MTUS continues: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This topical cream includes Lidocaine. Per MTUS guidelines, Lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. MTUS does not support the usage of Baclofen, Cyclobenzaprine or Gabapentin and specifically states "Not recommended". The current request is not medically necessary.

Referral to Regenex Gene therapy/stem cell procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Stem cell autologous transplantation.

Decision rationale: The patient presents with diagnoses that include cervical spondylosis and degenerative disc disease with secondary stenosis, right shoulder rotator cuff tear and chronic impingement syndrome, right elbow medial epicondylitis and flexor tendinosis, secondary right lumbar radiculopathy, and secondary trochanteric bursitis. Currently the patient complains of constant aching pain in the right aspect of the cervical spine with pain and tingling radiating into the right upper extremity. She also reports burning and sharp pain in the bilateral aspects of the lower lumbar spine with aching pain and tingling radiating down the right lower extremity. The current request is for a referral to Regenex Gene therapy/stem cell procedure. The treating physician states on 6/15/15 (9C), "Per patients request, I will request a referral to Regenex for stem cell procedure." MTUS is silent on this topic. ODG states the following with regard to stem cell autologous transplantation: "Under study. Stem cell therapy offers future promise for rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune disorders, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes, heart failure, multiple sclerosis, and other conditions. However, research is currently very preliminary, especially in the U.S. Major issues remain unanswered regarding best stem cell type and origin (peripheral blood, bone marrow, fat or even allogeneic umbilical cord), cell dosage, timing, single vs. multiple treatments, and carrier biomaterials (hyaluronic acid, tissue scaffolds)." The current request is not medically necessary.