

Case Number:	CM15-0141786		
Date Assigned:	07/31/2015	Date of Injury:	06/22/2012
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 06-22-2012. She has reported injury to the neck and mid and low back. The diagnoses have included cervical sprain-strain; lumbar sprain-strain; cervical displacement, herniation, protrusion; bilateral elbow sprain-strain; sprain-strain of bilateral wrist; lumbar paraspinal muscle spasms; lumbar disc herniations; lumbar radiculitis-radiculopathy of the right lower extremities; sacroiliitis of the right sacroiliac joint; bilateral knee sprain and internal derangement; and bilateral plantar fasciitis and right metatarsalgia. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, shockwave treatment, home exercise program, and physical therapy. Medications have included Tylenol with Codeine, Naproxen, Terocin Patch, and topical compounded creams. A progress report from the treating physician, dated 04-13-2015, documented a follow-up visit with the injured worker. The injured worker reported that her lumbar spine pain is worsening with radiculopathy, which is progressive in intensity at levels L2, L3, and L4; pain in the right sacroiliac joint; and there is weakness along with tingling and numbness in the right leg, which is progressive as she is experiencing severity of these symptoms while climbing stairs, with long walks, and while performing daily activities and a home exercise program. Objective findings included lumbar paraspinal muscle spasms on deep palpation with severe guarding associated with reproduction of pain at level 8 out of 10 during exam; deep palpation over the lumbar spinous processes continues to reproduce severe pain radiating to corresponding dermatome in the right leg; she continues to suffer from severe sacroiliac joint inflammation with signs and symptoms of radiculitis-radiculopathy to the

posterior and lateral aspects of the thigh; Gaenslen's test and Patrick Fabre test were positive; sacroiliac joint thrust continues to demonstrate as severely positive on exam; and pain is noticed while standing, climbing, or standing up from a sitting position without the aid of the upper torso. The treatment plan has included the request for Capsaicin patch; and eighteen (18) acupuncture visits 3 x 6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, page 28-29.

Decision rationale: Guidelines support topical Capsaicin formulation in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses; however, criteria is not met in this case diagnoses of such. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Capsaicin patch is not medically necessary and appropriate.

Eighteen (18) acupuncture visits 3 x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture for this chronic 2012 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Eighteen (18) acupuncture visits 3 x 6 for the lumbar spine is not medically necessary and appropriate.