

<b>Case Number:</b>	CM15-0149589		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial injury on August 16, 2013. The injured worker reported bilateral arm symptoms secondary to repetitive daily work activities. The injured worker was diagnosed as having cervicgia, carpal tunnel syndrome, elbow tendonitis, and low back pain. Treatment and diagnostic studies to date has included acupuncture, electromyogram with nerve conduction velocity of the upper extremities, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, medication regimen, and physiotherapy. In a progress note dated May 26, 2015 the treating physician reports complaints of pain to the bilateral wrists, right elbow, and right arm, along with numbness and tingling to the right hand and swelling to the bilateral wrists. The treating physician also noted an exacerbation of pain to the neck, upper back, left arm, and right arm. The progress note did not contain the injured worker's current medication regimen. The injured worker's exacerbation of pain was rated a 4 out of 10 to the upper back and neck, 5 out of 10 to the right arm, and a 3 out of 10 to the left arm. The injured worker also noted a pain level of a 7 out of 10 to the right arm and elbow and a 7 to 8 out of 10 to the bilateral wrists, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her current medication regimen. The treating physician also noted that the injured worker had minimal improvement with short relief secondary to prior physiotherapy and acupuncture of

an unknown quantity. In a progress noted dated June 04, 2015 the treating acupuncturist noted prior acupuncture and physiotherapy of an unknown quantity indicating a 40% decrease in the injured worker's numbness and tingling of the hands, a decrease in the injured worker's pain and an increase in the injured worker's ability to perform activities of daily living post acupuncture. The documentation provided did not indicate if the injured worker experienced any functional improvement secondary to prior physiotherapy. The treating physician requested acupuncture two times six sessions to the neck and right arm and physiotherapy three times four sessions to the neck and right arm with the treating physician noting minimal improvement along with a short time span of relief. The treating physician also requested FCL compound (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) in 180 grams to assist with pain reduction, increase function and mobility, and decrease use of additional oral medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 x 6, neck & right arm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant completed an unknown amount of acupuncture sessions previously. The 12 sessions requested exceed the guideline amount to see benefit. Prior acupuncture progress notes were no provided. The acupuncture request is not medically necessary.

**Physiotherapy 3 x 4, neck & right arm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and hand chapter and pg 28.

**Decision rationale:** According to the guidelines, physical therapy for most arm conditions require 9 sessions over 8 weeks. In this case, the claimant had undergone an unknown amount of therapy sessions in the past. The request for additional 12 sessions exceeds the guidelines recommendations. There is no indication that the claimant cannot perform the exercises at home. The request for 12 sessions of therapy of the right arm and neck is not medically necessary.

**FCL compound, Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants Baclofen are not recommended due to lack of evidence. Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. Since the compound above contains these topical medications, the compound in question is not medically necessary.