

<b>Case Number:</b>	CM15-0184494		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 46 year old male, who sustained an industrial injury on 7-15-2012. The injured worker was being treated for cervical spine sprain, strain, and discopathy; left shoulder contusion with rotator cuff tendinopathy; lumbar spine sprain, strain, and discopathy; left knee sprain and strain; left shoulder impingement; and lateral tibial plateau non-displaced fracture per x-ray. On 7-17-2015, the injured worker presented for orthopedic regarding-evaluation and treatment. The physical exam revealed tenderness at the occipital insertion of the paracervical musculature, mild tenderness of the bilateral trapezii, midline cervical spine tenderness, and intact neurological testing. There was cervical flexion of 30 degrees with discomfort, extension of 20 degrees with significant paracervical discomfort, and rotation to left and right of 20 degrees. There was limited scapular retraction with rhomboid pain, trapezius tenderness and pain with shoulder motion, mild inhibited neck strength by pain, and a mildly positive head compression sign. There was tenderness of the acromioclavicular joint of the left shoulder with a positive impingement sign, decreased range of motion, crepitus on motion, and normal strength. There was thoracolumbar spine tenderness down to the pelvis, slight tightness of the bilateral paralumbar musculature, tenderness of the buttocks, and inability to squat fully due to pain. There was tenderness on stress of the pelvis indicating mild sacroiliac joint symptomology. The lumbar flexion was 20 degrees, extension was 15 degrees, and tilt to the left and right was 15 degrees. Sensation and strength of the bilateral lower extremities were intact. Per the agreed medical evaluator (1-5-2015 report), an MRI of the lumbar spine from 2007 revealed disc bulges and x-rays of the lumbar spine from 7-25-2012 revealed minimal degenerative changes at L5-S1

(lumbar 5-sacral 1). An MRI of the left from 6-19-2013, revealed supraspinatus-infraspinatus tendon tendinosis without a tear, subscapularis tendinosis-distal superior partial thickness tear, the supraspinatus outlet was moderately compromised with acromioclavicular hypertrophy, mild coracohumeral narrowing, and subdeltoid bursitis. Treatment has included physical therapy, a home exercise program, work restrictions, a subacromial injection, and medications including oral pain, topical pain, and non-steroidal anti-inflammatory. Per the treating physician (7-17-2015 report), the injured worker continues to work with modified duties that include no restraining of inmates, no overhead work, and no lifting over 10 pounds. On 7-17-2015, the requested treatments included 8 visits of acupuncture and Prilosec 20 MG #60. On 8-20-2015, the original utilization review non-certified a request for Prilosec 20 MG #60 and partially approved a request for 4 visits of acupuncture (original request for 8 visits).

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

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

**Acupuncture 8 Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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 was receiving medications and therapy. Although acupuncture may be beneficial 8 sessions exceeds the amount of acupuncture requires determining functional benefit. In addition, it is considered an option and not a medical necessity. The request for 8 sessions of acupuncture is not medically necessary.

**Prilosec 20 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on oral and topical NSAIDs without justification for both which can increase GI risks. The continued use of either is not necessary. Therefore, the continued use of Prilosec is not medically necessary.

**Flurbiprofen 20 Percents/ Baclofen 2 Percent/ Cyclobenzaprine 2 Percent/ Gabapentin 6 Percent/ Lidocaine 5 Percent Cream #180 Gram: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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 such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on the topical compound along with oral NSAIDS for several months. Long-term use is not recommended. Since the compound above contains these topical medications, the Flurbiprofen 20 Percents/ Baclofen 2 Percent/ Cyclobenzaprine 2 Percent/ Gabapentin 6 Percent/ Lidocaine 5 Percent is not medically necessary.