

Case Number:	CM15-0188436		
Date Assigned:	09/30/2015	Date of Injury:	10/15/2012
Decision Date:	12/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female with a date of injury on 10-15-2012. The injured worker is undergoing treatment for cervical stenosis, post traumatic with protrusion at C5-C6 and C6-C7, and cervical stenosis with cord and root compression, clinical cervical myeloradiculopathy, multiple level protrusion in the lumbosacral spine superimposed on myoligamentous sprain-strain, anxiety and depression secondary to injury, asthma secondary to anxiety, headaches, double vision and right-sided facial pain secondary to industrial injury, herniated nucleus pulposus, spondylosis and stenosis at C5-C6 and C6-C7, and bilateral upper extremity radiculopathy. A psyche note dated 02-10-2015 diagnoses the injured worker with post-traumatic stress disorder, major depressive disorder-single episode-unspecified and psychological factors affecting medical condition. Physician progress notes dated from 06-01-2015 to 08-03-2015 documents the injured worker has complaints of constant severe neck pain which she rates as 8-9 out of 10. The pain radiates in to the bilateral upper extremities with associated numbness and a tingling sensation. Her neck condition is worsening at this time. She has complaints of constant severe lower back pain rated 8-9 out of 10 with radiation to her right lower extremity with associated numbness and a tingling sensation. She also has severe bilateral shoulder pain rated 8-9 out of 10 on the right and 7-8 out of 10 on the left. She is currently attending acupuncture. She has limited cervical range of motion. Spurling's test is positive bilaterally. There is weakness noted in the bilateral biceps, wrist extensor and triceps motor groups at 4-5. Sensory deficit is noted over the bilateral C6 and C7 dermatomes. She is using topical cream mediations for pain management. The 06-01-2015 physician note is requesting

anterior cervical decompression and fusion at C5 through C7. A psyche note done on 07-01-2015 diagnoses the injured worker with post-traumatic stress disorder, major depressive disorder-single episode-unspecified and psychological factors affecting medical condition. Treatment to date has included diagnostic studies, medications, activity modifications, exercises, physical therapy, acupuncture, and injections. A Magnetic Resonance Imaging of the cervical spine done on 01-30-2015 showed multilevel disc bulges and mild to moderate spinal stenosis and moderate bilateral neuroforaminal narrowing. An Electromyography and Nerve Conduction Velocity study done on 03-31-2015 revealed no evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals. No evidence of lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve fibers of the bilateral lower extremities or the lumbar paraspinals. She is temporarily totally disabled. On 08-31-2015 Utilization Review non-certified the request for eight additional acupuncture sessions, 2x a week for 4 weeks for the cervical and lumbar spine, Flurbiprofen 20% cream, 120gm, Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream, 120gm, and Ketoprofen 20% cream, 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional acupuncture sessions, 2x a week for 4 weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments, 1-3 times a week for 1-2 months. Per the ODG, acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records do not show improvement in pain and function with the use of this treatment modality as required by the guidelines for additional visits, the injured worker is continuing to have pain which is described as worsening, She does not appear to be having a satisfactory response to acupuncture and the continued use is not appropriate, therefore the request for Eight additional acupuncture sessions, 2x a week for 4 weeks for the cervical and lumbar spine is not medically necessary.

Flurbiprofen 20% cream, 120gm: 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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me notes that the injured worker has failed multiple therapies, however it does not appear that she has exhausted all recommended anticonvulsant and antidepressant therapies, there is also no documentation of pain or functional improvement with the use of topical Flurbiprofen and the continued use is not medically necessary.

Ketoprofen 20% cream, 120gm: 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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photo contact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there are no extenuating circumstances to warrant the use of a topical product that is not FDA approved and not recommended by the MTUS, therefore the request for Ketoprofen 20% cream 120 gm is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream, 120gm: 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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, muscle relaxants are not supported by the guidelines and therefore the request for Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream, 120gm is not medically necessary.