

Case Number:	CM15-0191997		
Date Assigned:	10/06/2015	Date of Injury:	04/18/2007
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 18, 2007. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve request for six sessions of acupuncture and several topical compounded agents. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant received multiple trigger point injections. On August 17, 2015, the applicant again received multiple trigger point injections. On August 11, 2015, permanent work restrictions imposed by a medical-legal evaluator were renewed. Topical compounds were endorsed. Physical therapy and acupuncture were prescribed. The treating provider suggested that the applicant had received recent acupuncture, including on August 6, 2015. The treating provider contended that earlier acupuncture had proven beneficial, but did not elaborate further. 5-6/10 pain complaints were noted. It was not specifically stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. On August 10, 2015, August 3, 2015, and on July 27, 2015, the applicant received multiple trigger point injections. On an earlier note dated July 13, 2015, it was again acknowledged that the applicant had received prior acupuncture treatment. Norco, Naprosyn, and topical compounds were endorsed. Once again, the applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical, thoracic and lumbar spine, Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Acupuncture Treatment 2007.

Decision rationale: No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture as the applicant was described as having had prior acupuncture treatment on progress notes of July 13, 2015 and on the August 11, 2015 office visit at issue. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined as section 9792.20e, here, however, no such demonstration of functional improvement is defined in section 9792.20e was seemingly evident. Permanent work restrictions were renewed, unchanged, from visit to visit. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on numerous forms of medical treatments to include opioid agents such as Norco, frequent trigger point injections, and the topical compounds also at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for six additional acupuncture treatments was not medically necessary.

Topical Cyclo/Ultram, quantity unspecified, Qty 2: Upheld

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

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

Decision rationale: Similarly, the request for topical cyclobenzaprine-Ultram containing compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, are not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Norco and Naprosyn, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Flurbi/ Menthol/ Capa/ Camph cream, quantity unspecified, Qty 2: Upheld

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

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

Decision rationale: Similarly, the request for a Flurbiprofen-menthol-capsaicin-camphor containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, i.e., the primary ingredient in the compound, for treatment of spine, hip and/or shoulder. Here, the applicant's primary pain generators were, in fact, cervical, lumbar and thoracic spines, i.e., body part for which there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen. Since the primary ingredient in the compound was not indicated, the entire compound was not indicated, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.