

Case Number:	CM15-0196307		
Date Assigned:	10/12/2015	Date of Injury:	09/20/2013
Decision Date:	12/21/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 65 year old female, who sustained an industrial injury on 11-1-10. The injured worker was diagnosed as having cervical degenerative disease; cervical facet syndrome; trigger finger; lumbar disc intervertebral disease; lumbar radiculopathy; knee pain; hand pain. Treatment to date has included physical therapy; acupuncture; status post Left C6-T1 Cervical transforaminal epidural steroid injection (10-8-15); medications. Diagnostics studies included MRI cervical spine (11-20-13). Currently, the PR-2 notes dated 9-4-15 indicated the injured worker returns as a follow-up visit. The provider documents "The patient has had persistent neck pain with radicular symptoms in spite of extensive conservative management including physical therapy, home exercise program. The patient has had a response to acupuncture in the past, although certainly no resolution of symptoms. Her last treatment with acupuncture was approximately two months ago, and she was authorized 12 visits at that time. She complains of neck pain radiating to the shoulders and back, as well as low back pain radiating to the left leg down to the knee. She did go on vacation, but she has difficulty enjoying it because of severe low back pain as well as neck pain. She continues on Effexor, which seems to be helping her mood and pain level. She continues on anti-inflammatories as well as gabapentin for the neuropathic pain. Unfortunately, she is unable to tolerate higher doses of either Effexor or the gabapentin." The provider lists her medications as: "Effexor 37.5mg daily, Anaprox 550mg BID for musculoskeletal pain, Protonix 20mg for stomach pain from NSAIDS daily, Neurotin 600mg 1 ½-2 daily for neuropathic pain and Terocin topical solution PRN for inflammation-pain. The patient prefers to use Terocin topical over the oral Anaprox, as it does not irritate her stomach."

On physical examination, the provider documents "Neck and cervical spine: left rotation 90% of normal, right rotation 80% with pulling sensation in left neck; forward flexion 100%, extension 90%. Tender to palpation over the cervical paraspinals-upper trapezius muscles. Left and right Spurling's maneuvers cause pain to shoulders bilaterally. Lumbar spine: sitting straight leg raise is positive on the left with pain radiating to left leg, mildly positive on the right. Neuro: 4+ to 5- out of 5 bilateral shoulder ER, 4+ to 5- out of 5 on the right; 5- out of 5 bilateral elbow flexors and extensors. Sensation is intact to light touch over C5 through C8 dermatomes." His impression is documented as "history of C6-C7 uncovertebral hypertrophy-facet hypertrophy with mild-to-moderate narrowing and bilateral moderate NF narrowing with central stenosis, partially effacing the ventral subarachnoid space, contacting and with slight flattening of the cord. She has increased left greater than right radicular pain and signs and symptoms consistent with radiculopathy, as well as MRI evidence for cervical C6-C7 radiculopathy." He also notes: "Multilevel L3-L4 through L5-S1 broad based disc bulges worse at L4-L5 with associated bilateral NF narrowing, and right L3, L4, L5 radicular pain. Left medial knee pain, apparently still not part of the claim. Moderate reactive depression and anxiety." The medical documentation submitted confirms the injured worker has been on these same medications since at least April 17, 2015. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-17-15 and non-certification for Acupuncture treatment; six (6) visits; Anaprox 550mg PRN (unspecified quantity); Neurontin 600mg 1 1/2-2 tabs per day #60 and Terocin topical solution PRN. A request for authorization has been received for Acupuncture treatment; six (6) visits; Anaprox 550mg PRN (unspecified quantity); Neurontin 600mg 1 1/2-2 tabs per day #60 and Terocin topical solution PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment; six (6) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: "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. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The injured worker has been previously approved for sessions of acupuncture. There is lack of documentation of objective improvement in the previous sessions. The current request exceeds the recommended amount of sessions prior to documentation of objective functionality. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is not medically necessary.

Anaprox 550mg PRN (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Anaprox. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is lack of documentation for functional improvement while on this medication. According to the clinical documentation provided and current MTUS guidelines, Anaprox is not medically necessary.

Neurontin 600mg 1 1/2-2 tabs per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Neurontin. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." To determine a good outcome, "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." "It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." There is lack of documentation that matches the required criteria as stated above. According to the clinical documentation provided and current MTUS guidelines, Neurontin is not medically necessary.

Terocin topical solution PRN: 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: MTUS guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Terocin. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient does not currently fit this criteria. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Terocin is not medically necessary.