

Case Number:	CM15-0202937		
Date Assigned:	10/19/2015	Date of Injury:	02/17/2014
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on 2-17-14. The injured worker was being treated for cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, cervical and lumbar radicular pain, headaches and foot pain and swelling bilaterally. On 9-9-15, the injured worker complains of frequent neck and back pain radiating to both upper extremities and lower extremities with paresthesia, she also complains of headaches, anxiety and stress. Physical exam performed on 9-9-15 revealed tenderness of cervical and lumbar paraspinal and tenderness of trapezials with restricted range of motion of cervical and lumbar spine. Treatment to date has included acupuncture, oral medications including Tramadol, Prilosec and Relafen; topical Methoderm and activity restrictions. The treatment plan included moist heat, prescriptions for Tramadol 50mg, Prilosec 20mg, Relafen 500mg and Methoderm 120gm; urine toxicology screening, psychologist treatment, acupuncture treatment and follow up appointment. On 9-28-15 request for Methoderm 120gm, 12 acupuncture visits for lumbar spine and 18 acupuncture visits for cervical spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 120gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methoderm gel #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are cervical HNP; lumbar HNP; cervical and lumbar radicular pain; headaches; bilateral pain, swelling. Date of injury is February 17, 2014. Request for authorization is September 9, 2015. According to a September 9, 2015 progress note, subjective complaints include the neck and low back pain with radiation to the upper extremities and lower extremities respectively. Objectively, there is tenderness over the cervical and lumbar paraspinal muscles. Sensory and motor function is normal. The treating provider has requested Methoderm and acupuncture two times per week times six weeks. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of failed first-line treatment with antidepressants and anticonvulsants and guideline indications that topical analgesics are largely experimental with few controlled trials, Methoderm gel #120 g is not medically necessary.

Acupuncture 3 times a week for 6 weeks for cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the cervical spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three-four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical HNP; lumbar HNP; cervical and lumbar radicular pain;

headaches; bilateral pain, swelling. Date of injury is February 17, 2014. Request for authorization is September 9, 2015. According to a September 9, 2015 progress note, subjective complaints include the neck and low back pain with radiation to the upper extremities and lower extremities respectively. Objectively, there is tenderness over the cervical and lumbar paraspinal muscles. Sensory and motor function is normal. The treating provider has requested Menthoderm and acupuncture two times per week times six weeks. The utilization review indicates acupuncture was denied January 28, 2015; however, there are no acupuncture session notes in the medical record. The guidelines recommend an initial trial of 3-4 visits. The treating provider is requesting 12 sessions in excess of the recommended guidelines. There are no compelling clinical facts indicating 12 sessions are clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and request for 12 acupuncture sessions in excess of the recommended 3-4 initial trial, acupuncture two times per week times six weeks to the cervical spine is not medically necessary.

Acupuncture 2 times a week for 6 weeks for lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the lumbar spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three- four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical and lumbar radicular pain; headaches; bilateral pain, swelling. Date of injury is February 17, 2014. Request for authorization is September 9, 2015. According to a September 9, 2015 progress note, subjective complaints include the neck and low back pain with radiation to the upper extremities and lower extremities respectively. Objectively, there is tenderness over the cervical and lumbar paraspinal muscles. Sensory and motor function are normal. The treating provider has requested Menthoderm and acupuncture two times per week times six weeks. The utilization review indicates acupuncture was denied January 28, 2015, however there are no acupuncture session notes in the medical record. The guidelines recommend an initial trial of 3-4 visits. The treating provider is requesting 12 sessions in excess of the recommended guidelines. There are no compelling clinical facts indicating 12 sessions are clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and request for 12 acupuncture sessions in excess of the recommended 3-4 initial trial, acupuncture two times per week times six weeks to the lumbar spine is not medically necessary.