

Case Number:	CM15-0213663		
Date Assigned:	11/03/2015	Date of Injury:	04/13/1992
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female who sustained an industrial injury on 04-13-1992. A review of the medical records indicated that the injured worker is undergoing treatment for herniated nucleus pulposus at L5-S1, lumbar stenosis and degenerative disc disease. According to the treating physician's progress report on 10-01-2015, the injured worker reported an overall decrease in pain and numbness in the left foot with significant relief from recent transforaminal epidural steroid injection, oral medications and creams. The injured worker rated her pain at 1 out of 10 on the pain scale. Examination demonstrated minimal tenderness to palpation of the lumbar spine with spasms noted. Range of motion was decreased in all planes with decreased sensation to light touch at the left L5 and S1 dermatomes. Bilateral lower extremity deep tendon reflexes were intact. Left straight leg raise was positive for pain down the lateral left leg to the calf. Lumbar spine magnetic resonance imaging (MRI) performed on 03-13-2015 was interpreted within the progress note dated 10-01-2015. Prior treatments have included diagnostic testing, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbar transforaminal epidural steroid injection (08-10-2015), chiropractic therapy (over 20 sessions), acupuncture therapy (24 sessions) home exercise program and medications. Current medications were listed as Norco, Norflex, Relafen, Ketoprofen and topical creams. Treatment plan consists of orthopedic knee consultation and the current request for CM-1 Gabapentin cream, 10% to apply over affected area, #1 and lumbar spine acupuncture therapy for 6 sessions. On 10-26-2015 the Utilization Review determined the requests for CM-1 Gabapentin cream, 10% to apply over

affected area, #1 and lumbar spine acupuncture therapy for 6 sessions were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-1 Gabapentin cream, 10% to apply over affected area, #1: 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: The claimant has a remote history of a work injury occurring in April 1992 and continues to be treated for left knee and low back pain. Treatments have included chiropractic care with temporary relief and 24 acupuncture sessions with reported good pain relief. In June 2015, her back pain had been stable. She had undergone Orthovisc injections for her knee that had lasted for 6-7 months and had worn off. Authorization had been requested for additional acupuncture and for a left S1 transforaminal epidural injection. She was stretching and performing exercises that she had learned at therapy which were helping temporarily. She was continuing to work without restrictions. She underwent epidural injections in August 2015. When seen in October 2015 she was feeling significant relief from the epidural injection. Her pain had decreased from 5/10 to 1/10. She had decreased left foot numbness. She had been able to increase her activity level and was able to perform yoga. Physical examination findings included minimal lumbar tenderness with spasms. There was decreased range of motion and decreased left lower extremity strength and sensation. Left straight leg raising was positive. Requests included acupuncture and topical compounded cream was requested. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Lumbar spine acupuncture, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1992 and continues to be treated for left knee and low back pain. Treatments have included chiropractic care with temporary relief and 24 acupuncture sessions with reported good pain relief. In June 2015, her back pain had been stable. She had undergone Orthovisc injections for her knee that had lasted for 6-7 months and had worn off. Authorization had been requested for

additional acupuncture and for a left S1 transforaminal epidural injection. She was stretching and performing exercises that she had learned at therapy which were helping temporarily. She was continuing to work without restrictions. She underwent epidural injections in August 2015. When seen in October 2015 she was feeling significant relief from the epidural injection. Her pain had decreased from 5/10 to 1/10. She had decreased left foot numbness. She had been able to increase her activity level and was able to perform yoga. Physical examination findings included minimal lumbar tenderness with spasms. There was decreased range of motion and decreased left lower extremity strength and sensation. Left straight leg raising was positive. Requests included acupuncture and topical compounded cream was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had 24 acupuncture treatments over an unknown period of time. She has improved after the recent epidural steroid injection and is able to exercise and is working without restrictions. Acupuncture as an adjunctive treatment is not medically necessary.