

<b>Case Number:</b>	CM15-0220025		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Illinois

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:

This 58 year old man sustained an industrial injury on 10-17-2011. Diagnoses include cerebral concussion, cervical spine sprain-strain with radiculitis, bilateral shoulder sprain-strain, bilateral wrist sprain-strain, lumbar spine sprain-strain, bilateral hip greater trochanteric bursitis, and bilateral ankle sprain-strain. Treatment has included oral and topical medications, transforaminal lumbar epidural steroid injections, extracorporeal shockwave therapy, and 6 cervical epidural steroid injections. Physician notes dated 9-30-2015 indicate complaints of mid and low back pain rated 8 out of 10 with radiation to the bilateral lower extremities and feet, bilateral shoulder pain rated 8-9 out of 10 on the left and 6 out of 10 on the right, bilateral wrist pain rated 6-9 out of 10, bilateral ankle pain rated 6-9 out of 10, and cervical spine pain rated 8 out of 10. Recommendations include physical therapy, acupuncture, extracorporeal shockwave therapy, electromyogram and nerve conduction studies of the cervical spine and bilateral upper extremities, FMCC cream, Cyclobenzaprine/Ultram cream, and follow up in three to four weeks. Utilization Review denied requests for acupuncture, FMCC cream, and Cyclobenzaprine/Ultram cream on 10-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments, 2 times a week for 3 weeks, for bilateral wrists:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The injured worker sustained a work related injury on 10-17-2011. Diagnoses include cerebral concussion, cervical spine sprain-strain with radiculitis, bilateral shoulder sprain-strain, bilateral wrist sprain-strain, lumbar spine sprain-strain, bilateral hip greater trochanteric bursitis, and bilateral ankle sprain-strain. Treatment has included oral and topical medications, transforaminal lumbar epidural steroid injections, extracorporeal shockwave therapy, and 6 cervical epidural steroid injections. The medical records provided for review do indicate a medical necessity for Acupuncture treatments, 2 times a week for 3 weeks, for bilateral wrist. The MTUS states that 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. (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. Although the Official Disability Guidelines does not recommend the use of Acupuncture for the hand and the wrist, other guidelines and scientific materials are only necessary in cases that are not addressed by the MTUS. Therefore, since the request is within the recommendations of the MTUS, the requested treatment is medically necessary.

**Flurbi-Mentho-Caps-Camph #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The injured worker sustained a work related injury on 10-17-2011. Diagnoses include cerebral concussion, cervical spine sprain-strain with radiculitis, bilateral shoulder sprain-strain, bilateral wrist sprain-strain, lumbar spine sprain-strain, bilateral hip greater trochanteric bursitis, and bilateral ankle sprain-strain. Treatment has included oral and topical medications, transforaminal lumbar epidural steroid injections, extracorporeal shockwave therapy, and 6 cervical epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Flurbi-Mentho-Caps-Camph #1. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary since the agents in this compounded product are not recommended.

**Cyclo/Ultram cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The injured worker sustained a work related injury on 10-17-2011. Diagnoses include cerebral concussion, cervical spine sprain-strain with radiculitis, bilateral shoulder sprain-strain, bilateral wrist sprain-strain, lumbar spine sprain-strain, bilateral hip greater trochanteric bursitis, and bilateral ankle sprain-strain. Treatment has included oral and topical medications, transforaminal lumbar epidural steroid injections, extracorporeal shockwave therapy, and 6 cervical epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Cyclo/Ultram cream #1. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary since the agents in this compounded product are not recommended.