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| Case Number: | CM15-0034337 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 12/08/2013 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: Arizona, Michigan
 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 injured worker is a 64-year-old female who sustained an industrial injury on December 8, 2013. She has reported injury to the neck, bilateral wrist, mid back, low back, right knee, and right foot and has been diagnosed with cervical spine pain, cervical spine sprain, strain, wrist pain, thoracic spine sprain/strain, thoracic spine pain, low back pain, lumbar spine sprain/strain, radiculitis, lower extremity, lumbar spine degenerative disc disease, lumbar disc displacement herniated nucleus pulposus, right knee sprain/strain, right knee lateral meniscal tear, right knee internal derangement, right knee Bakers cyst, and right foot osteoarthritis. Treatment has included medications, activity restrictions, and shockwave treatment. There was tenderness to palpation of the cervical spine with decreased range of motion. There was tenderness to palpation at the lumbar paraspinal muscles and over the lumbosacral junction with decreased range of motion. There was tenderness to palpation over the medial and lateral joint line and to the patella-femoral joint with decreased range of motion. McMurray's test and Lachman's test were positive. There was tenderness to palpation at dorsal aspect of the right foot. There was also tenderness to the calcaneus. The treatment request included acupuncture, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times weekly for 6 weeks: Right knee, Lumbar spine, Cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic). Acupuncture.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records did not reveal documentation of pain or functional improvement with the use of acupuncture in the past and the requested number exceeds the guidelines recommendations of an initial trial of 3-4 visits over 2 weeks with documentation of objective functional improvement and therefore the request for Acupuncture 3 times weekly for 6 weeks: Right knee, Lumbar spine, Cervical spine is not medically necessary.

Physical Therapy 3 times weekly for 6 weeks: Cervical, Thoracic & Lumbar spine; Right knee & foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. It is not clear why acupuncture and physical therapy are being requested at the the same time, this makes it difficult to determine what is producing functional benefits and unfortunately the request exceeds the guideline recommendations of 9-10 visits and therefore the request for Physical Therapy 3 times weekly for 6 weeks: Cervical, Thoracic & Lumbar spine; Right knee & foot is not medically necessary.

Cyclobenzaprine 5% cream 110 gm, apply three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and per the MTUS, cyclobenzaprine is a muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product therefore the request for cyclobenzaprine 5% cream 110gm is not medically necessary.

Synaprn 10 mg/ 1 ml Oral Suspension 500 ml; 1 tsp (5ml) three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Synapryn contains tramadol. A review of the injured workers medical records do not show that she has difficulty swallowing or is unable to tolerate other recommended non liquid oral medications and without this information Synapryn 10mg/1ml oral suspension 500ml is not medically necessary.

Tabadol 1 mg/ml Oral Suspension 250 ml; 1 tsp (5ml) two to three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Complex Regional Pain Syndrome (CRPS) Page(s): 63-64, 37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. It is not recommended for use for longer than 2-3 weeks. Tabradol contains cyclobenzaprine, however a review of the injured workers medical records do not show that she has difficulty swallowing or is unable to tolerate other recommended non liquid oral medications and without this information Tabradol oral suspension is not medically

necessary.

Ketoprofen 20% cream, 167 gms; apply three times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photo contact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there are no extenuating circumstances to warrant the use of a topical product that is not FDA approved and not recommended by the MTUS, therefore the request for Ketoprofen 20% cream 167gm is not medically necessary.