

Case Number:	CM15-0047033		
Date Assigned:	03/19/2015	Date of Injury:	06/18/2008
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Family Practice

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 70-year-old female, who sustained an industrial injury on 6/18/08. She reported pain in the hands, knees, shoulders and low back related to a fall. The injured worker was diagnosed as having piriformis syndrome, bursitis and low back pain. Treatment to date has included lumbar MRI, physical therapy and pain medications. As of the progress report dated 1/22/15, the treating physician noted pain along the sacroiliac joint, piriformis and buttock. The treating physician requested acupuncture x 10 sessions for the lumbosacral spine and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 10 visits for the Lumbosacral Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that 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 to 6 treatments. The medical records do not establish that the injured worker has undergone prior acupuncture treatments for the diagnosis of low back pain and piriformis syndrome. However, the request for 10 sessions of acupuncture exceeds the amount recommended by the MTUS guidelines. The request for Acupuncture, 10 visits for the Lumbosacral Spine is not medically necessary.

Ketoprofen Cream 60g 10% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The request for Ketoprofen Cream 60g 10% with 3 refills is not medically necessary.