

<b>Case Number:</b>	CM15-0087556		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/23/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Florida, California

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 70-year-old female, who sustained an industrial injury on 11/23/03. She reported initial complaints of shoulder and elbow injury. The injured worker was diagnosed as having sprain/strain shoulder/arm; right trapezius muscle strain. Treatment to date has included status post right shoulder diagnostic/therapeutic arthroscopy with anterior labrum/partial thickness rotator cuff repair; decompression/debridement of inflamed subacromial bursitis (7/27/2004); status post right elbow lateral epicondyle release with elbow arthrotomy/synovectomy (6/27/2005); trigger point injections shoulders (12/2005); physical therapy; acupuncture; medications. Diagnostics included MRI right shoulder (4/14/04); cervical spine x-rays (1/27/05). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of shoulder pain again. The shoulder was better after acupuncture but over the last 2 months she has been having increased pain. She does not know what caused the flare-up. The provider does not document which shoulder is being addressed on this visit. She is a status post right shoulder diagnostic/therapeutic arthroscopy with anterior labrum/partial thickness rotator cuff repair; decompression/debridement of inflamed subacromial bursitis (7/27/2004); status post right elbow lateral epicondyle release with elbow arthrotomy/synovectomy (6/27/2005). The provider documents the last treatment was thought to be in December for acupuncture, August for a cortisone injection and now the shoulder is flared up with pain in the medial border of the scapula - body part right shoulder/upper back. His physical examination notes she is tender to palpation at the base of the neck to the medial border of the scapula on the right. There is pain with resisted shoulder abduction and scapular retractions, mild restriction with rotation of the

neck to the right side and shoulder with negative impingement signs. The shoulder range of motion is otherwise full. The provider is requesting 6 sessions of acupuncture; Compound Ketoprofen cream #1 with 2 refills and Unknown prescription of Soma 350mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This claimant was injured now about 12 years ago, with shoulder and elbow injury. She has had shoulder surgery. There were prior acupuncture treatments, of unknown objective functional benefit. There was a recent flare in symptoms. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). With past acupuncture treatments noted, the objective benefit out of prior use is key to determining if more would be clinically essential. This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were NOT MEDICALLY NECESSARY under the MTUS Acupuncture criteria.

**Compound Ketoprofen cream #1 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** This claimant was injured now about 12 years ago, with shoulder and elbow injury. She has had shoulder surgery. There were prior acupuncture treatments, of unknown objective functional benefit. There was a recent flare in symptoms. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires

knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately NOT MEDICALLY NECESSARY.

**Unknown prescription of Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

**Decision rationale:** This claimant was injured now about 12 years ago, with shoulder and elbow injury. She has had shoulder surgery. There were prior acupuncture treatments, of unknown objective functional benefit. There was a recent flare in symptoms. The MTUS notes regarding Soma, also known as carisoprodol: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy". (AHFS, 2008) This medication is not indicated for long-term use. The amount, frequency and dosing of the Soma, all key clinical factors, was not provided. Moreover, Soma is not supported by evidence-based guides. Long-term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately NOT MEDICALLY NECESSARY.