MAXIMUS Federal Services

Case Number:	CM14-0162497		
Date Assigned:	10/07/2014	Date of Injury:	07/01/2011
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year-old female who was injured due to cumulative trauma and repetitive movements on 7/1/11. She complained of low back pain neck pain radiating to upper extremities with numbness and tingling, right shoulder pain, left shoulder pain with numbness and tingling, right hip pain, bilateral knee and ankle pain. On exam, she had decreased range of motion of neck, shoulders, lumbar spine, right hip, and bilateral ankles. An MRI of the cervical spine showed disc protrusions abutting the thecal sac. She was diagnosed with neck sprain/strain, brachial neuritis or radiculitis, lumbar strain/sprain, radiculopathy, disc protrusion, spondylosis, and spinal stenosis, bilateral shoulder sprain/strain, left shoulder tendinitis, bilateral knee and ankle sprain/strain, and right ankle plantarfasciitis. She was treated with lumbar epidural steroid injections, Terocin pain patch, anti-inflammatories, Lyrica, Theramine, Sentra, and Gabapentin, topical and oral medications. Her pain without medications was 7/10 and with medications was 4/10. She had received acupuncture sessions early in treatment after a motor vehicle accident, that she had paid for out-of-pocket which did not help with her pain. The patient states the physical therapy did not help the pain. The current request is for acupuncture, Naproxen, and a topical analgesic. The current is request is for acupuncture, naproxen, and a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 visits, shoulders, lumbar spine, right hip bilateral knees and bilateral ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the chart, the patient has had acupuncture sessions without documentation of results by the practitioner. It was documented that the patient had stated there was no improvement in symptoms after treatment. There were no documents about improvement in symptoms, exam findings, and improvement in functional progress. Therefore, the request is not considered medically necessary.

Naproxen 550mg 1 tab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest duration. The patient's neck, shoulder, lumbar, right hips, and bilateral knee pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to her decrease in pain from 7/10 to 4/10. NSAIDs come with many risk factors including renal dysfunction and gastrointestinal (GI) bleeding. Based on the above, the request is not medically necessary.

Gabapentin, Ketoprofen, Lidoderm BID 240gm: Upheld

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

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

Decision rationale: The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The patient was on multiple medications for her low back pain neck pain radiating to upper extremities with numbness and tingling, right shoulder pain, left shoulder pain with numbness and tingling, right hip pain, bilateral knee and ankle pain. The patient was on oral Gabapentin but it was unclear if this medication contributed to a decrease in her pain. The use of topical Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Ketoprofen is not FDA approved for topical application. Any compounded product that contains at least one drug that is

not recommended is not recommended. Therefore, the request for this compound cream is not medically necessary.