

Case Number:	CM14-0090507		
Date Assigned:	07/23/2014	Date of Injury:	10/14/2009
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old male was injured on 10/14/09. The mechanism of injury was not listed in the records. The most recent progress note, dated 6/10/14, indicated that there were ongoing complaints of right shoulder pain and low back pain. The physical examination demonstrated cervical spine positive tenderness to palpation and thoracic spine mild tenderness to palpation. The lumbar spine had severe tenderness to palpation of the lumbar spine and sacral region. Heel and toe walking performed poorly due to weakness of plantar flexion. Cervical distraction list pain in the cervical spine and decreased tension shoulders positive. Shoulder decompression elicits severe pain in the cervical spine of bilateral upper trapezius muscles. There was a positive sitting roots test positive bilaterally. Straight leg raise was positive bilaterally. The lumbar spine had a limited range of motion. The right shoulder had a decreased range of motion, as well as guarded motion. Diagnostic imaging studies mentioned an MRI of the lumbar spine with 2mm at L3-L4 and L4-L5. Previous treatment included epidural steroid injections, shoulder injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x per Week x 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support acupuncture as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture. Therefore, this request is not considered medically necessary.

Cyclobenzaprine 10%/ Gebpentin 10% 30gm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-113.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Flubiprofen 20% 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical NSAIDs.

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. As such, this request is not considered medically necessary.

Tramadol 20% 30 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. As such, this request is not considered medically necessary.