

<b>Case Number:</b>	CM14-0215750		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, neck, low back, wrist, hand, ankle, and foot pain reportedly associated with an industrial injury of February 14, 2014. In a Utilization Review Report dated November 21, 2014, the claims administrator denied requests for several topical compounded agents. A September 30, 2014 progress note was referenced in the determination. The claims administrator denied a request for acupuncture on the grounds that the attending provider had allegedly failed to clearly state whether the request was a first-time request or a renewal request. The claims administrator, it is incidentally noted, incorrectly stated that the MTUS Acupuncture Medical Treatment Guidelines only support up to 24 sessions of acupuncture. The applicant's attorney subsequently appealed. In a handwritten note dated September 30, 2014, the applicant reported multifocal complaints of neck, shoulder, wrist, hand, knee, and ankle pain, 5-6/10. The note comprised almost entirely of preprinted checkboxes, with little to no narrative commentary. Urine drug testing, physical therapy, acupuncture, topical compounds, a weight loss program, x-rays of multiple body parts, and MRI studies of four different body parts were endorsed, along with an internal medicine consultation. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/ Baclofen 5%/ Dexamethasone 1% in cream base, 210gms: Upheld**

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

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

**Decision rationale:** The Flurbiprofen-baclofen-dextromethorphan topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Dextromethorphan 5%/ Gabapentin 5%/ Bupivacaine 2.5%/ Menthol 1%/ Camphor 1% in cream base, 210gms: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, Topical Analgesics topic. Similarly, the dextromethorphan-gabapentin-Menthol-camphor topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Capsaicin patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical Page(s): 28. Decision based on Non-MTUS Citation ODG Capsaicin

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, pages 111-113, Topical Analgesics topic. Similarly, the topical capsaicin patch was likewise not medically necessary, medically appropriate, or indicated here. While page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as a last-line agent, in applicants who have not responded to or are intolerant of other treatments, here, however, the attending providers handwritten note of September 30, 2014 contained no references to issues with intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. There

was no mention of failure to and/or intolerance of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin patches at issue. Therefore, the request was not medically necessary.

**Knee infrared elect-acupuncture 2 times a week for 3 weeks: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, page 28, Topical Capsaicin topic. Finally, the request for six sessions of acupuncture with associated infrared therapy was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including reducing pain, to reduce inflammation, to promote relaxation, to reduce anxiety, etc., in this case, however, it was not clearly stated for what purposes and/or for what issue acupuncture was being sought. The attending provider's progress note contained little to no narrative commentary and did not, furthermore, outline whether the request at hand was a first-time request versus a renewal request. Therefore, the request was not medically necessary.