

Case Number:	CM14-0218958		
Date Assigned:	03/18/2015	Date of Injury:	09/28/2012
Decision Date:	05/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York
Certification(s)/Specialty: Anesthesiology

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 55 year old female, who sustained an industrial injury on 09/28/2012. She states she slipped while going down stairs and landed in a sitting position. She felt a sharp pain in her back. She states she was evaluated and was told nothing was broken. She presents on 10/30/2014 with pain in cervical spine rated 3/10, lumbar spine rated 4/10, shoulders rated 4/10, wrist and hands 3/10 and rib pain was rated 1/10. Prior treatments included MRI, physical therapy, acupuncture and medications. Diagnoses include sprain of shoulder and arm, sprain of neck and sprain of thoracic and lumbar region. The provider requested acupuncture, medications, pain management referral and neuro spine follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions infrared elect acu 15 mins and capsaicin patch for the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

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

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has undergone a total of 12 acupuncture treatments for undisclosed body regions, and although progress reports expressed decreased pain, there was no specific documentation of increased functional improvement. There is no specific indication for additional acupuncture sessions for the shoulder. Medical necessity of the requested acupuncture has not been established. The requested service is not medically necessary. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested Capsaicin patch is not medically necessary.

12 sessions infrared elect acu 15 mins and capsaicin patch for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

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

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has undergone a total of 12 acupuncture treatments for undisclosed body regions and although progress reports expressed decreased pain there was no specific documentation of increased functional improvement. There is no specific indication for additional acupuncture sessions for the neck. Medical necessity of the requested acupuncture has not been established. The requested medication is not medically necessary. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested Capsaicin patch for the neck is not medically necessary.

12 sessions infrared elect acu 15 mins and capsaicin patch for thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

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

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has undergone a total of 12 acupuncture treatments for undisclosed body regions and although progress reports expressed decreased pain there was no specific documentation of increased functional improvement. There is no specific indication for additional acupuncture sessions for the thoracic spine. Medical necessity of the requested acupuncture has not been established. The requested service is not medically necessary. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested Capsaicin patch for the thoracic spine is not medically necessary.

12 sessions infrared elect acu 15min and Capsaicin patch for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

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

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has undergone a total of 12 acupuncture treatments for undisclosed body regions and although progress reports expressed decreased pain there was no specific documentation of increased functional improvement. There is no specific indication for additional acupuncture sessions for the lumbar spine. Medical necessity of the requested acupuncture has not been established. The requested service is not medically necessary. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested Capsaicin patch for lumbar spine is not medically necessary.

Initial evaluation high complexity with pain management for neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for initial evaluation, high complexity, with pain management for the neck is not medically necessary. The presenting problems are not of moderate to high severity that would warrant a high complexity evaluation. According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. A pain management consultation or referral should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. The documentation indicates that the patient's presentation does not exhibit the severity that would warrant a specialty consult. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Initial evaluation high complexity with pain management for thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for initial evaluation, high complexity, with pain management for the thoracic spine is not medically necessary and reasonable. The presenting problems are not of moderate to high severity that would warrant a high complexity evaluation. Per the guidelines, a high complexity evaluation requires the following 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. In regards to a pain management specialist, consultation or referral should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. The documentation indicates that the patient's presentation does not exhibit the severity that would warrant a specialty consult. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Initial evaluation high complexity with pain management for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CPT codes.

Decision rationale: The request for initial evaluation, high complexity, with pain management for the lumbar spine is not medically necessary and reasonable. The presenting problems are not

of moderate to high severity that would warrant a high complexity evaluation. Per the guidelines, a high complexity evaluation requires the following 3 components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. In regards to a pain management specialist, consultation or referral should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. The documentation indicates that the patient's presentation does not exhibit the severity that would warrant a specialty consult. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Orthopedic initial consultation for thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested orthopedic consultation for the thoracic spine. There is no evidence of radiculopathy or peripheral nerve entrapment there is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Orthopedic initial consultation for neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested orthopedic consultation for the neck. There is no evidence of radiculopathy or peripheral nerve entrapment there is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Orthopedic initial consultation for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 and 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested orthopedic consultation for the lumbar spine. There is no evidence of radiculopathy or peripheral nerve entrapment there is also no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Chromatography - urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the documentation does not reveal significant risk factors for medication abuse. There is no documentation that the patient is considered to be anything other than a low risk to require testing more than once or twice per year. The patient was previously tested this year. Therefore, the request for additional urine drug testing is not indicated at this time. Medical necessity of the requested service has not been established. The requested urine test is not medically necessary.

1 follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

Decision rationale: This patient has chronic pain conditions, which continue to require regular follow-up visits. Patients whose neck or upper back complaints, or low back complaints that are work related, should receive follow-up care every 3 to 5 days by a mid-level practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might occur every 4 to 7 days if the patient is off work, and 7 to 14 days if

the patient is working. Medical necessity for the follow-up evaluation has been established. The requested follow-up evaluation is medically necessary.

30 Terocin patches (Lidocaine 45 - Menthol 4%): 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: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Gabaclotram 180gm (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 8%): 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic requested Gabaclotram contains Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 8%. Gabapentin, Cyclobenzaprine, and Tramadol are not FDA approved for a topical application. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical cream. Medical necessity for the requested topical analgesic has not been established. The request for the topical analgesic is not medically necessary.