

<b>Case Number:</b>	CM14-0086090		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, Tennessee

Certification(s)/Specialty: Emergency 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 33-year-old female who sustained an industrial injury on February 8, 2013. She has reported injury to the back and has been diagnosed with sprains and strains of other and unspecified parts of the back and lumbar spine strain/sprain. Treatment has included medications and acupuncture. Currently the injured worker complains of pain to the cervical spine, lumbar spine, and left hip. The treatment request included acupuncture, medications, x-rays of the bilateral shoulders, and MRI of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions x 8:** Upheld

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

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

**Decision rationale:** Section 9792. 24. 1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote

relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the requested 8 visits surpasses the 3 to 6 treatments recommended to produce functional improvement. The request should not be authorized and is not medically necessary.

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e. g. , NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized and is not medically necessary.

**Topical Compound Methoderm (Methyl Salicylate 15%, Menthol 10%) Gel 360gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Methoderm: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain UpToDate: Camphor and menthol: Drug information.

**Decision rationale:** Methoderm gel is a compounded topical analgesic containing methyl salicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore,

the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains a drug that is not recommended. Therefore the medication cannot be recommended. The request should not be authorized and is not medically necessary.

#### **Bilateral Shoulder X-Rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e. g. , a full- thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i. e. , in cases when surgery is being considered for a specific anatomic defect (e. g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case, there is no documentation that the patient has had a change in symptoms, that a red flag is present, or that surgery is anticipated. Medical necessity has not been established. The request should not be authorized and is not medically necessary.

#### **MRI of the Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder: Magnetic resonance imaging (MRI).

**Decision rationale:** Indications for magnetic resonance imaging (MRI) are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Sub acute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there is no documentation that there is acute shoulder trauma, sub acute shoulder pain, or that there has been a significant change in symptoms and/or findings suggestive of significant pathology. Shoulder MRI is not indicated. The request should not be authorized and is not medically necessary.