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| <b>Case Number:</b>   | CM15-0014520 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 11/11/2013 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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 37-year-old [REDACTED] employee who has filed a claim for chronic elbow, finger, hand, wrist, and shoulder pain reportedly associated with an industrial injury of November 11, 2013. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for tramadol, omeprazole, topical compounds, neurosurgery consultation, infra-red therapy, and acupuncture. The claims administrator referenced RFA forms received on December 31, 2014, and November 24, 2014 in its determination. Progress notes of November 24, 2014, September 26, 2014, July 6, 2014, June 12, 2014, and April 28, 2014 were also referenced. The applicant's attorney subsequently appealed. In an RFA form dated November 3, 2014, acupuncture, infra-red therapy, genetic testing/DNA testing, topical capsaicin patches, multiple topical compounds were endorsed, along with a request for tramadol, Zestril, and Prilosec. RFA forms comprise almost entirely of pre-printed checkboxes, little to no narrative commentary. In an associated progress note dated November 3, 2014, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, hand, finger pain, 6-7/10. MRI imaging of the wrist and elbow were apparently endorsed. Eight sessions of physical therapy, a neurosurgery consultation for the cervical spine, urine drug testing, genetic testing, and work restrictions were all suggested through pre-printed checkboxes. Little to no narrative commentary was attached. Large portions of progress note were handwritten, difficult to follow, and not entirely legible. It did appear that the applicant had received chiropractic manipulative therapy, extracorporeal shockwave therapy, and acupuncture at various points in 2014, including in May 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 150mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids page Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 - 979.

**Decision rationale:** 1. No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, however, the attending provider suggested that the applicant was not working in a handwritten note of November 3, 2014. The attending provider suggested that the applicant's employer was unable to accommodate a rather proscriptive 15-pound lifting restriction endorsed on that date. 6-7/10 pain complaints were evident on that date. The attending provider's handwritten progress note failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of ongoing tramadol usage (if any). Therefore, the request was not medically necessary.

### **Omeprazole 20mg #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page Chronic Pain Medical Treatment Guidelines 8 C.C.R.

**Decision rationale:** 2. Similarly, the request for omeprazole, a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten November 3, 2014 progress note was thinly and sparsely developed, difficult to follow, employed preprinted checkboxes, and contained no mention of the applicant experiencing issues of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Coumpound creams (a.) flurobiprofen 10%, baclofen 5%, dexamethasome 1% in cream base 210grams,b.) Dextromethorphan 5%, gabapentin 5%, bupivacaine 2.5%, menthol 1%, camphor 1% in cream base 210 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines and <http://www.uspharmacist.com/content/d/in-service/c/14045/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9.

**Decision rationale:** 3. Similarly, the topical compounded flurbiprofen-baclofen-dexamethasone-gabapentin-bupivacaine-menthol-camphor compounds were not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen and gabapentin, two of the ingredients in the compounds at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in each compound is 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.

**Neurospine consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** 4. The request for a neurospine consultation (AKA neurosurgery consultation) was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here appears to be the cervical spine. However, MTUS Guidelines ACOEM Chapter 8, page 180 notes that applicants with complaints of neck or upper back pain alone, without associated findings of serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was no mention of the applicant's having issues with a large herniated cervical intervertebral disk, high grade cervical spinal stenosis, high grade neuroforamen, or other cervical spine lesions clearly amenable to surgical correction. Therefore, the request for a neurospine consultation was not medically necessary.

**Infrared elect, acupuncture and capsaicin patch 2-3 weeks x 4weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FDA [www.uspharmacist.com/content/d/in-service/c/14045](http://www.uspharmacist.com/content/d/in-service/c/14045/)

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

**Decision rationale:** 5. Finally, the request for acupuncture to include modalities such as infrared therapy and application of a capsaicin patch was likewise was not medically necessary, medically appropriate, or indicated here. The request in question represents a request of an extension or renewal of acupuncture. However, the acupuncture medical treatment guidelines in

MTUS 9792.24.1.d notes that acupuncture treatment may only be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant was/is seemingly off of work. A rather proscriptive 15-pound lifting limitation was renewed on the date additional acupuncture was requested. The applicant remains dependent on a variety of oral and topical medications, including opioid agent such as tramadol. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for acupuncture with associated modalities to include infra-red therapy and application of capsaicin patches was not medically necessary.