

Case Number:	CM15-0015474		
Date Assigned:	02/03/2015	Date of Injury:	02/07/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(IW) is a 44 year old female who sustained an industrial injury on 02/07/2013 from continuous trauma. She has reported constant aching in the neck with often sharp and shooting pain that travels to the arms and hands. She complains of episodes of numbness and tingling in the arms and hands and frequent headaches. She complains of increased stiffness with prolonged sitting and driving. Pain awakens her at night. Medications provide temporary pain relief. Diagnoses include cervical and lumbar pain. Treatments to date include oral and topical medications, medication management and diagnostic tests including x-rays and MRI studies to the neck, shoulders and lower back. She was given back support and EMG studies of the upper and lower extremities were conducted and the IW was started on a course of physical therapy to the neck, shoulders, upper and lower back at three times a week through 11/22/2014. A comprehensive orthopedic evaluation was done on 12/12/2014 and found there was tenderness at the supraspinatus insertion bilaterally, the lumbar exam showed tenderness and spasm over the paravertebral muscles, The worker toe and heel walked with difficulty secondary to pain and squats with difficulty secondary to pain. X-ray of the lumbar spine demonstrate no instability or acute fracture. Examination of the cervical spine show no instability or acute fracture. Examination of the bilateral shoulders reveals type II acromioclavicular and no acute fracture. On 01/06/2015 Utilization Review non-certified a request for infrared acupuncture 15 min and capsaicin patch 2x4 for neck and lumbar, noting that the guidelines state it is recommended only as an option in claimants who have not responded to or are intolerant to other treatments. There is no documentation of the treatment to date and intolerance

of treatment is not apparent. As there is no clear medical necessity for capsaicin for the neck or lumbar spine given the lack of physical findings provided, it is recommended for non-certification. The MTUS Chronic Pain was cited. On 01/06/2015 Utilization Review non-certified a request for Urine Screen/chromatography noting the absence of documentation regarding administration of narcotic medication. The type of urine screening is considered not medically necessary. The MTUS Chronic Pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared acupuncture and electroacupuncture 15 min: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has persistent pain in the neck traveling into her arms and hands. She also continues to complain of increasing low back pain. The current request is for ACUP infrared acu 15 min 2x4 for neck and lumbar. 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 functional recovery. Acupuncture with electrical stimulation is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. Acupuncture medical treatment guidelines state that acupuncture is recommended for neck, upper and lower back pain. However, the guidelines also state that the time to produce functional improvements is 3-6 treatments. The attending physician in this case has requested treatment in excess of the recommended 3-6 visit trial period. In this case, the current request exceeds the guideline recommendations. The recommendation is for denial.

Urine Screen/chromatography: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient has persistent pain in the neck traveling into her arms and hands. She also continues to complain of increasing low back pain. The current request is for Urine Screen/chromatography. The records indicate the attending physician has prescribed Cyclobenzaprine and Omeprazole as per the 11/26/14 report. The MTUS guidelines do support urine drug screening for patients that are initiating opioid medication. In this case, there is no documentation noted regarding initiation of opioid prescriptions. The physician does not discuss the reasoning for requesting urine screening. As such, medical necessity has not been established under the guidelines and the recommendation is for denial.

Capsaicin patch 2x4 for neck and lumbar: Upheld

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

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

Decision rationale: The patient has persistent pain in the neck traveling into her arms and hands. She also continues to complain of increasing low back pain. The current request is for capsaicin patch 2x4 for neck and lumbar. The MTUS guidelines provide discussion regarding capsaicin patches. As to capsaicin patches, capsaicin is a topical medication which is being used as a topical analgesic. The use of topical analgesics are discussed in the MTUS guidelines on page 112. They are recommended in individuals who have not responded or are intolerant of other treatments. MTUS goes on to state, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. In this case, there is no documentation of the patient's response or intolerance to prior treatments and there is no dosage information provided for this request. As such the request for capsaicin patches has not met the criteria as outlined by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.