

Case Number:	CM15-0018933		
Date Assigned:	02/06/2015	Date of Injury:	09/11/2014
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old female who reported an injury on 09/11/2014 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to multiple body parts. The injured worker was evaluated on 12/17/2014. It was noted that the injured worker had increased pain complaints of the mid and upper back, low back, right arm and shoulder, left arm and shoulder and right hand and wrist. Objective findings included tenderness to palpation of the thoracic and lumbosacral musculature. The injured worker had restricted range of motion of the lumbar spine and a positive straight leg raising test bilaterally. Evaluation of the shoulders documented grade 2 to 3 tenderness to palpation of the right shoulder and grade 1 tenderness to palpation of the left shoulder, with restricted range of motion bilaterally and a positive impingement and supraspinatus test on the right. The injured worker had grade 2 to 3 tenderness to palpation over the right arm and grade 1 tenderness to palpation over the left arm. It was documented that the injured worker had grade 2 to 3 tenderness to palpation over the right wrist and hand. The injured worker's diagnoses included thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with radiculitis, bilateral shoulder strain/sprain, right shoulder tendinosis, right wrist sprain/strain, right wrist chronic overuse syndrome, stomach pain, sleep disturbances and situational depression. The injured worker's medications included cyclobenzaprine 7.5 mg, Mobic 15 mg, Fluriflex topical analgesic and TG Hot topical analgesic. The injured worker's treatment plan included acupuncture for the thoracic spine, lumbar spine and right wrist. It was also indicated that the injured worker was provided a refill of medications and a request was made for

transportation to and from all medical appointments. A Request for Authorization form was submitted on 12/17/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; twelve (12) visits (2 times 6), thoracic spine, lumbar spine, and right wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 12 visits 2 times a week for 6 weeks for the thoracic spine, lumbar spine and right wrist is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of acupuncture treatment to assist with medication reduction and restoration in function. It is recommended as an adjunctive treatment to physical therapy. The clinical documentation submitted for review does not provide any indication that the injured worker is actively participating in any type of active therapy that would benefit from an adjunctive treatment, such as acupuncture. Additionally, California Medical Treatment Utilization Schedule recommends an initial course of treatment of acupuncture of up to 6 visits to establish efficacy of treatment. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested acupuncture 12 visits 2 x6 for the thoracic spine, lumbar spine and right wrist is not medically necessary or appropriate.

Cyclobenzaprine 7 .5mg #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested cyclobenzaprine 7.5 mg #60 twice a day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment of acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide a medication history. However, the request itself indicates 30 days of treatment. This exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested cyclobenzaprine 7.5 mg #60 twice a day is not medically necessary or appropriate.

Mobic 15mg #30 PO QD with meals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67.

Decision rationale: The requested Mobic 15 mg #30 by mouth every day with meals is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs to assist with the management of chronic pain. However, no medication history was provided to support the request. Therefore, there is no indication that the injured worker has failed to respond to over the counter pain relievers or nonsteroidal anti-inflammatory drugs and requires a prescription strength nonsteroidal anti-inflammatory drug. As such, the requested Mobic 15 mg #30 by mouth every day with meals is not medically necessary or appropriate.

Fluriflex 180gm: 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): 111-112.

Decision rationale: The requested Fluriflex 180 gm is not medically necessary or appropriate. The requested medication contains elements to include Flurbiprofen 15% and cyclobenzaprine 10%. The California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs for spine related pain. The clinical documentation does indicate that the injured worker has multiple pain generators. The applicable body is not specifically identified. Furthermore, the clinical documentation does not provide any indication that the injured worker is not able to tolerate oral nonsteroidal anti-inflammatory drugs and requires a topical cream. Also, California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine or other muscle relaxants in a topical formulation as there is little scientific evidence to support the efficacy and safety of these types of medications. California Medical Treatment Utilization Schedule does not recommend the use of any medication that contains at least 1 drug or drug class that is not recommended. Furthermore, the request as it is submitted does not provide a frequency of use or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fluriflex 180 gm is not medically necessary or appropriate.

TGHot 180gm to apply a thin layer to the affected areas twice daily: 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): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

Decision rationale: The requested TG Hot 180 gm to apply a thin layer to the affected areas twice a day is not medically necessary or appropriate. The requested medication contains elements to include tramadol, gabapentin, menthol, camphor and capsaicin 0.05%. The California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, topical capsaicin is not supported by the guidelines unless the injured worker has failed to respond to all other first line medications. No medication history was provided for the injured worker to support that they have failed to respond to first line medications and require topical capsaicin for pain control. Peer reviewed literature does not support the use of tramadol as there is little scientific evidence to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested TG Hot 180 gm to apply a thin layer to the affected areas twice a day is not medically necessary or appropriate.

Transportation to and from all medical appointments: 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), Knee and Leg Chapter, Transportation (to & from appointments) and Department of Health Care Services-California: http://www.dhcs.ca.gov/services/medi-cai/Documents/ManCriteria_32_MedTrans.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation

Decision rationale: The requested transportation to and from all medical appointments is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend transportation to and from medical appointments when the injured worker is unable to provide self transport either with private transportation or public transportation. The clinical documentation submitted for review does not provide any indication that the injured worker is unable to participate in public transportation or is unable to self transport themselves to and from medical appointments in a private vehicle. Therefore, the request is not supported in this clinical situation. As such, the requested transportation to and from all medical appointments is not medically necessary or appropriate.