

Case Number:	CM15-0111957		
Date Assigned:	06/18/2015	Date of Injury:	03/07/2012
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 51-year-old female who sustained an industrial injury on 03/07/2012. Diagnoses include rule out intradiscal component lumbar spine, cervical pain with upper extremity symptoms, left shoulder pain and left knee pain. Treatment to date has included medications, physical therapy, chiropractic treatment and acupuncture. According to the progress notes dated 4/15/15, the IW reported left shoulder pain, cervical pain with upper extremity symptoms and thoracic pain all rated 6/10 and low back pain rated 5/10. On examination, there was tenderness to the left shoulder and all regions of the spine with spasms in the cervical and lumbar paraspinals and trapezius muscles. Left shoulder range of motion was limited with pain. Medications included Hydrocodone 10mg, Naproxen, Pantoprazole and Cyclobenzaprine. A request was made for additional acupuncture twice a week for six weeks for the left shoulder due to previous benefit of decreased pain and improved tolerance to activity and Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCl 5%, Baclofen 2%, Cyclobenzaprine HCl 2%, Clonidine HCl 0.2%, Sodium Hyaluronate 0.2% (300gms with 3 refills) due to a successful trial that resulted in a 50% decrease in neuropathic/radicular pain and improved activity tolerance and strength; oral anti-epileptics and antidepressants failed due to side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 times a week for 6 weeks left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS 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. 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." Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) 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." The patient developed chronic shoulder pain and musculoskeletal disorders. She may be a candidate for treatment with acupuncture. However, there is no documentation of efficacy of previous acupuncture sessions. The request is not medically necessary. The frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions could be considered when functional and objective improvement are documented.

Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% (300 g with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Topical analgesic Baclofen is not recommended by MTUS guidelines. Based on the above Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% (300 g with 3 refills) is not medically necessary.