

Case Number:	CM15-0116173		
Date Assigned:	06/24/2015	Date of Injury:	02/27/2011
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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, New York, 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 39-year-old who has filed a claim for chronic neck, shoulder, wrist, mid back, and low back pain reportedly associated with an industrial injury of February 27, 2011. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for a topical compounded agent and acupuncture. The claims administrator did, however, approve a sacroiliac joint injection and oral ibuprofen. The claims administrator referenced an April 8, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a January 22, 2015 questionnaire, the applicant stated that she was working full duty and using Motrin for pain relief. In an associated progress note of the same date, January 22, 2015, it was reiterated that the applicant was working regular duty. A sacroiliac joint injection, Norco, Motrin, Naprosyn, and topical capsaicin were all endorsed in various sections of the note. The note did apparently mingled historical issues with current issues and did not, thus, clearly outline what medications the applicant was using. On April 8, 2015, the applicant reported highly variable 5-8/10 neck, low back, and mid back pain complaints. The applicant had undergone earlier shoulder surgery and had received eight prior sessions of acupuncture in the past, it was reported. The applicant was using Norco, Motrin, Senna, and a capsaicin- containing cream, it was acknowledged. Acupuncture and Norco were continued. In another section of the note, the attending provider stated that the applicant would discontinue Naprosyn and restart ibuprofen. Reporting of the applicant's medication list, thus, was, at times internally inconsistent. A sacroiliac joint injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 capsule 0.5%+Cyclo 4% Qty 1.00: 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): 111-113.

Decision rationale: No, the request for a CM4-cyclobenzaprine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant provision with multiple first-line oral pharmaceuticals to include Norco, Motrin, etc., as of the April 8, 2015 office visit in question effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental compounds such as the agent in question. Therefore, the request was not medically necessary.

Acupuncture therapy for right SI joint pain Qty 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight sessions of acupuncture for the sacroiliac joint was likewise not medically necessary, medically appropriate, or indicated here. The request did in fact represent a renewal or extension request for acupuncture. The attending provider reported on April 8, 2015 that the applicant had had at least eight sessions of acupuncture in the past. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, it appeared that the applicant had in fact plateaued in terms of the functional improvement parameters established in MTUS 9792.20e, despite receipt of eight prior sessions of acupuncture. While the applicant had apparently returned to and/or maintained full-time, regular duty work status, the earlier acupuncture had failed to effect a reduction in the dependency on continued medical treatment. The applicant was still using topical compounded medications and opioid agents such as Norco as of the April 8, 2015 progress note in question. The earlier acupuncture failed to curtail the applicant's dependence on sacroiliac injection therapy. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of at least eight prior acupuncture treatments. Therefore, the request for additional acupuncture was not medically necessary.

