

Case Number:	CM15-0124722		
Date Assigned:	08/12/2015	Date of Injury:	12/27/2014
Decision Date:	09/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/29/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 61 year old, male who sustained a work related injury on 12-27-14. The diagnoses have included right shoulder strain-sprain, both hands-wrists strain-sprain, both feet-ankles strain-sprain, rule out internal derangement, anxiety-depression-insomnia, L5-S1 radiculopathy and left foot deformity. Treatments have included oral medications, topical pain creams, physical therapy and rest. In the PR-2 dated 4-16-15, the injured worker reports right shoulder pain. He rates this pain level a 2 out of 10. He reports bilateral hand pain. He rates this pain level a 5-6 out of 10. He reports bilateral ankle pain. He rates this pain level a 4-6 out of 10. He reports he has stress, anxiety, depression and insomnia. He states pain is worsened by activities of daily living, repetitive use and forceful activity. He states pain is made better with medications, therapy and rest. On physical exam not much is documented except for ankles-feet have decreased range of motion. He is not working. The treatment plan includes requests for an MRI of both ankles, for therapy, for acupuncture, for an internal medicine consult and for a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Section 9792.24.1 of the California Code of regulations states that Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. 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. Acupuncture with electrical stimulation is the use of electrical current 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. Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case the requested number of 8 visits surpasses the number of three to six recommended for clinical trial to determine functional improvement. The request is not medically necessary.

(1) Prescription of Topical compound Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% 240grm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-64, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Camphor and menthol: Drug information UpToDate: Dexamethasone, Drug Information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin, and hyaluronic acid. Topical analgesics

are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Baclofen is not recommended as a topical preparation. Dexamethasone is a steroid medication for anti-inflammatory effects. It is used orally and parenterally or as an ophthalmic topical preparation. It is not recommended as a topical dermal preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

(1) Prescription of topical compound Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2% 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information UpToDate: Bupivacaine: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain Dextromethorphan The Medical Letter On drugs and Therapeutics, Volume 43, Issue 1100, pg 23-25, Over-the-counter (OTC) cough remedies.

Decision rationale: This medication is a compounded topical analgesic containing dextromethorphan, gabapentin, bupivacaine, camphor, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Dextromethorphan is a centrally acting antitussive. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that

available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.