

Case Number:	CM15-0124807		
Date Assigned:	07/09/2015	Date of Injury:	04/06/2015
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
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

Certification(s)/Specialty: Internal 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 38 year old female, who sustained an industrial injury on 4/6/2015. She reported injury to her neck, shoulder, and arm after lifting a 40 pound box. The injured worker was diagnosed as having neck pain (cervicalgia), muscle spasm of neck bilateral. Treatment to date has included medications, physical therapy, acupuncture, and chiropractic visits. The request is for acupuncture for the right thumb, bilateral shoulders, cervical spine, thoracic spine and lumbar spine areas; TENS (transcutaneous electrical nerve stimulation) unit home based; and Flurbi/Caps/Camp/Menthol cream. On 4/17/2015, she is on modified duty. She is noted to be tolerating her current medication and DME (durable medical equipment) is helping with her symptoms. On 4/23/2015, she is currently on modified duty. She is noted to be tolerating her current medications, and DME (durable medical equipment) is noted to be helping her symptoms. She complained of neck pain with pain in both shoulders and her arm. Physical findings revealed neck stiffness and tenderness, and spasms of the neck region. The provider noted she had neck pain and spasm with no significant change. The treatment plan included: continuing physical therapy. She had completed 5/6 physical therapy visits. The provider noted she had been authorized for acupuncture. On 4/27/2015, she reported feeling worse in the past week. She continues to be on modified duty. No notation is made in regards to completed acupuncture visits. The treatment plan included: continuation of acupuncture. On 5/5/2015, she is on modified duty. She is noted to have completed one acupuncture visit, and is tolerating her current medication. The DME is noted to be helping with her symptoms. The treatment plan included continuation of acupuncture and modified duty. A pain management consultation dated

5/11/2015; she was seen for neck, shoulder and arm pain. She rated her pain 6/10. The provider noted she had been treated with physical therapy, acupuncture, and chiropractic with no significant relief. He recommended magnetic resonance imaging of the cervical spine, acupuncture, Mobic, Flexeril, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Caps/Camp/Menthol cream: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbi/Caps/Camp/Menthol cream is a compound topical medication containing Flurbiprofen, Capsaicin, Camphor, and Menthol. Flurbiprofen is not FDA approved for topical application. MTUS provides no evidence recommending the use of topical Menthol or Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbi/Caps/Camp/Menthol cream is not medically necessary by MTUS.

Acupuncture treatment 2 times a week for 6 weeks: 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, Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management Page(s): 7-9.

Decision rationale: Per 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 indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Acupuncture Medical Treatment guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. All therapies should be focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a deduction in work restrictions as measured during the history and

physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment. In this case, she is noted to be on modified duty work status with no noted changes to this status indicated in the records. The records also do not indicate a reduction in dependence on continued medical treatment. The records indicated she had undergone acupuncture treatment; however the number of completed acupuncture visits and the results of those visits are unclear. The pain management consultant indicated she did not have significant relief with physical therapy, acupuncture, and chiropractic visits. Based on these findings functional improvement is not supported. In addition, the requested acupuncture treatment 2 times a week for 6 weeks is in excess of the Acupuncture Medical Treatment guidelines recommendations. Therefore, the request of acupuncture treatment 2 times a week for 6 weeks is not medically necessary.

TENS-EMS unit home based rental for 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS); Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: The CA MTUS guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home based TENS (transcutaneous electrical nerve stimulation) unit trial may be considered as a non-invasive conservative option, if it is used as an adjunct to a program of evidence based functional restoration for neuropathic pain conditions including neuropathic pain spasticity, multiple sclerosis, phantom limb pain, and complex regional pain syndrome. The criteria for the use of TENS include: documentation of pain of at least 3 months duration, evidence of other appropriate pain modalities have been tried (including medication) and failed, A one month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary. In this case, the records indicated she had been utilizing unknown DME (durable medical equipment), which is noted to be helping her symptoms. She was injured on 4/6/2015; the UR report date is 6/17/2015, which is less than 3 months duration. The records do not indicate a failure of oral medications. The pain management consultation indicated she did not have significant relief with physical therapy, and chiropractic visits; however there is no documentation of these modalities outcomes. In addition the pain management provider requested authorization for acupuncture. The request for acupuncture has been found to be not medically necessary, therefore adjunct treatment with TENS would not meet the CA MTUS guidelines criteria. The request of TENS-EMS unit home based rental for 30 days is not medically necessary per guidelines.