

Case Number:	CM15-0172334		
Date Assigned:	09/14/2015	Date of Injury:	02/16/2009
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 2-16-2009. He reported injuries to the knees, hands, wrists, right shoulder, right elbow, low back, mid back, and neck from continuous trauma and a slip and fall. Diagnoses include cervical radiculopathy, cervical sprain-strain with discopathy, bilateral impingement syndrome, bilateral carpal tunnel syndrome, lumbar strain-sprain and discopathy, radiculopathy, disc protrusion and stenosis, bilateral knee arthrosis, status post left total knee replacement and right knee arthroscopy and total knee replacement. Treatments to date include activity modification, medication therapy, chiropractic therapy, and acupuncture treatments. Currently, he complained of ongoing pain in the low back, bilateral shoulders, bilateral wrists-hands, and right hip. There was report of increased left shoulder pain status post a previous range of motion test. It was documented he was attending chiropractic therapy and acupuncture therapy "which does help". On 6-29-15, the physical examination documented left shoulder tenderness with crepitus, pain and guarding with range of motion. The Neer's and Hawkin's maneuvers were positive. The lumbar spine was tender with muscle spasm and tightness, decreased range of motion, positive straight leg raise test, and decreased right side sensation. There was a therapeutic left shoulder joint injection provided on this date. The appeal requested authorization for Flurbiprofen-Baclofen Pain Cream and eight acupuncture treatments. The Utilization Review dated 8-18-15, denied the request indicating that the medical records submitted did not support that California MTUS Chronic Pain Medical Treatment Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen Pain Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 02/16/09 and presents with left shoulder pain and low back pain. The request is for Flurbiprofen/Baclofen Pain Cream. The RFA is dated 06/29/15 and the patient's current work status is not provided. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen". The patient is diagnosed with cervical radiculopathy, cervical sprain-strain with discopathy, bilateral impingement syndrome, bilateral carpal tunnel syndrome, lumbar strain-sprain and discopathy, radiculopathy, disc protrusion and stenosis, bilateral knee arthrosis, status post left total knee replacement and right knee arthroscopy and total knee replacement. Treatments to date include activity modification, medication therapy, chiropractic therapy, and acupuncture treatments. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, baclofen is not indicated for topical cream. The requested topical cream is not medically necessary.

Acupuncture 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient was injured on 02/16/09 and presents with left shoulder pain and low back pain. The request is for Acupuncture 8 Visits. The RFA is dated 06/29/15 and the patient's current work status is not provided. The patient has had prior acupuncture sessions. MTUS Guidelines, Acupuncture Section, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with cervical radiculopathy, cervical sprain-strain with discopathy,

bilateral impingement syndrome, bilateral carpal tunnel syndrome, lumbar strain-sprain and discopathy, radiculopathy, disc protrusion and stenosis, bilateral knee arthrosis, status post left total knee replacement and right knee arthroscopy and total knee replacement. Treatments to date include activity modification, medication therapy, chiropractic therapy, and acupuncture treatments. The 003/22/15 report states that the patient "is attending acupuncture therapy. This has been beneficial as well". It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function besides stating that it "has been beneficial." Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The request is not medically necessary.