

<b>Case Number:</b>	CM15-0173919		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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:

This injured worker is a 54 year old male who reported an industrial injury on 9-17-2011. His diagnoses, and or impression, were noted to include: bilateral wrist sprain-strain; history of left index finger fracture and laceration with subsequent surgical repair; bilateral knee, ankle and foot sprain-strain; status-post left knee arthroscopic chondroplasty, partial meniscectomy with removal of loose bodies and synovectomy on 7-27-2015; thoracic and lumbar spine sprain-strain, with history of lumbar spine sciatic syndrome. Recent magnetic imaging studies of the lumbar spine were done on 5-14-2015, noting some abnormal findings. His treatments were noted to include: a supplemental medical-legal review of medical records on 5-7-2015; acupuncture treatments for the lumbar spine and bilateral knees; chiropractic treatments for the lumbar spine and left knee; surgical consultation for the left knee; medication management; and rest from work. The progress notes of 7-8-2015 reported a follow-up visit with complaints, which included: pain in the left index finger, rated 4 out of 10, decreased from 6 out of 10 on his last visit. Objective findings were noted to include: unchanged, grade 2 tenderness to the left index finger that was with restricted range-of-motion; and that his physical therapy was on hold at that time. The physician's requests for treatments were noted to include: "based on the patient's degree of progress with current treatment, I respectfully request timely authorization for the treatment plan outlined above", which was noted as "the patient's physical therapy is on hold at this time". No Request for Authorization for acupuncture sessions, Norco or compound creams were noted in the medical records provided. The Utilization Review of 8-8-2015 non-certified the requests for: 12 sessions of acupuncture for the lumbar spine and bilateral knees; 1

prescription for Norco 5-325 mg, #60; 1 prescription for Flurbiprofen 20% Lidocaine 5% Amitriptyline 5% cream, 180 grams; and 1 prescription for Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%, 180 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twelve (12) sessions of acupuncture for the lumbar spine and bilateral knees: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)/Acupuncture.

**Decision rationale:** The request is for acupuncture to aid in pain relief. The ACOEM guidelines state the following regarding this topic. "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." In this case the guidelines do not support the use of this treatment modality. This is secondary to the diagnosis with poor clinical evidence regarding efficacy. As such, the request is not certified. With regards to knee acupuncture, the Official Disability Guidelines state the following regarding this topic: ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this case, the request is not approved. This is secondary to inadequate documentation of functional improvement seen. As such, the request is not medically necessary.

**One (1) prescription of Norco 5/325mg #60: 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): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement, which should eventually lead to medication discontinuation. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**One (1) prescription of Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% cream 180 grams:** 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 request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the compounded topical treatment contains an NSAID. Qualifying factors for this product is indicated by the following per the guidelines: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, as stated above, the patient would not qualify for the use of a topical NSAID. This is based on the treatment duration with advised treatment of only 4-12 weeks. Also, its use for osteoarthritis of the spine has not been evaluated. As such, the request is not medically necessary.

**One (1) prescription of Gabacyclotram: Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180 grams:** Upheld

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

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

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of gabapentin is stated to be not indicated for use for the

patient's condition. The guidelines state the following: "Gabapentin: Not recommended: There is no peer-reviewed literature to support use." As such, the request is not medically necessary.