

Case Number:	CM15-0028481		
Date Assigned:	02/20/2015	Date of Injury:	12/09/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/16/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 9, 2013. In a utilization review report dated January 15, 2015, the claims administrator failed to approve a request for acupuncture for the lumbar spine and a topical compounded medication. The applicant's attorney subsequently appealed. In a progress note dated September 17, 2014, the applicant was given a rather proscriptive 20-pound lifting limitation. Ongoing complaints of neck, mid back, low back, and elbow pain were noted. It was not clearly stated whether the applicant was or was not working. The applicant was using Naprosyn and topical compounds for pain relief, it was suggested. Large portions of the progress note were difficult to follow and not entirely legible. It appeared that acupuncture was endorsed. On December 3, 2014, six sessions of acupuncture for the mid back, low back, and elbow were proposed while Naprosyn was refilled. The applicant had reportedly been involved in a motor vehicle accident on November 12, 2014. The applicant was not working, the attending provider acknowledged through preprinted check boxes. The attending provider wrote in one section of his note that the applicant "continue" acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for extension or renewal of previously provided acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f), in this case, however, the applicant was/is off work, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20(f) with the same. Therefore, the request was not medically necessary.

Topical Compound Medication - Cyclo-tramadol Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127.

Decision rationale: Similarly, the request for a topical compounded cyclobenzaprine - tramadol cream was likewise 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, the primary ingredient in the compound, 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. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Naprosyn effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental compounded agent at issue. Therefore, the request was not medically necessary.