

Case Number:	CM15-0071451		
Date Assigned:	04/21/2015	Date of Injury:	06/13/2000
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 46-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of June 13, 2000. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for a diclofenac-lidocaine containing cream and 12 sessions of acupuncture. The claims administrator referenced on March 11, 2015 progress note in its determination. The claims administrator framed the request for acupuncture as a renewal request for the same, noting that the applicant had received acupuncture as recently as November 20, 2014, The applicant's attorney subsequently appealed. On March 11, 2015, acupuncture and diclofenac-lidocaine containing cream were proposed. Attending provider suggested that the applicant was working. The applicant was also using over-the-counter Tylenol, in addition to the topical compounded medication in question. Acupuncture and massage therapy were proposed while the applicant was returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervical Spine/ Bilateral Shoulders/ Lumbar Spin, 2 times weekly for 6 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The Acupuncture Medical Treatment Guidelines in 9792.24.1.c.1 note that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, thus, the request for 12 sessions of acupuncture, in effect, represents treatment two to four times MTUS parameters. No rationale for such a lengthy, protracted course of acupuncture was furnished by the attending provider. Therefore, the request was not medically necessary.

Diclofenac/ Lidocaine cream (3%/ 5%) 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the diclofenac-lidocaine containing compound was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators per March 11, 2015 progress note, were the neck, bilateral shoulders, and low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac, the primary ingredient in the compound, has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the bilateral shoulders, cervical spine, lumbar spine, i.e., body parts for which topical diclofenac has not been evaluated. Since one ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Tylenol, effectively obviated the need for page 111 of the MTUS Chronic Pain Treatment Guidelines deems "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.