

Case Number:	CM15-0076745		
Date Assigned:	06/03/2015	Date of Injury:	01/16/2004
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, 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 48 year old female, who sustained an industrial injury on January 16, 2004. She reported neck, left shoulder, left forearm, wrist, and hand pain. The injured worker was diagnosed as having neural encroachment bilateral lumbar 5-sacral 1 with resultant progressive neurological deficit/radiculopathy, status post left shoulder arthroscopy, cervical myofascial pain, cervicogenic headache, left elbow pain, left knee pain, post-traumatic stress disorder, depressive disorder - recurrent moderate, and adjustment disorder with mixed anxiety and depressed mood. Diagnostic studies to date have included MRIs, x-rays, and electrodiagnostic studies. Treatment to date has included acupuncture, physical therapy, psychotherapy, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including pain, muscle relaxant, proton pump inhibitor, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 30, 2015, the injured worker complains of low back pain with left lower extremity symptoms and cervical pain with left greater than right upper extremity symptoms, which are rated 7/10. She complains of left shoulder pain that is rated 5/10. She complains of left elbow and left knee pain, which are rated 6/10. She reports having tried non-steroidal anti-inflammatory medication that back pain and improved her pain and range of motion of the lumbar, cervical, and left shoulder, but caused gastrointestinal upset. She failed the use of non-steroidal anti-inflammatory medication even with a proton pump inhibitor medication. The physical exam revealed tenderness of the neck and lumbar spine with limited range of motion due to pain and no neurological changes. There was tenderness of the anterior aspect and at acromioclavicular of the left shoulder. The left elbow and left knee exams were

unchanged. The treatment plan includes topical Ketoprofen 10% and acupuncture for the cervical spine, lumbar spine, shoulders, and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical spine, lumbar spine and left shoulder qty:12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture to the cervical spine, lumbar spine and left shoulder #12 sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are neural encroachment bilateral L5 - S1 with progressive neurologic deficit/radiculopathy; status post left shoulder arthroscopy; cervical myofascial pain; cervicogenic headache; left elbow pain; and left knee pain. Documentation according to a March 30, 2015 progress note (request for authorization date April 13, 2015) states the injured worker had prior acupuncture. The total number of prior acupuncture treatments are not indicated. There are no acupuncture treatment session progress notes in the medical record. There is no documentation of objective functional improvement. A trial of three - four visits over two weeks is indicated and with evidence of objective functional improvement, a total of 8 to 12 visits over 4 to 6 weeks may be indicated. There is no documentation of objective functional improvement. Consequently, absent clinical documentation with a specified number of acupuncture treatments with documentation of objective functional improvement, acupuncture to the cervical spine, lumbar spine and left shoulder #12 sessions is not medically necessary.

Ketoprofen 10% 300 grams qty:4.00: 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Ketoprofen 10%, 300 g #4 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are neural encroachment bilateral L5 - S1 with progressive neurologic deficit/radiculopathy; status post left shoulder arthroscopy; cervical myofascial pain; cervicogenic headache; left elbow pain; and left knee pain. The documentation does not provide instructions for use and the anatomical region for its application. Additionally, Diclofenac is the only FDA approved nonsteroidal anti-inflammatory drug for topical use. Topical Ketoprofen is not FDA approved. Any compounded product that contains at least one drug (topical Ketoprofen) that is not recommended is not recommended. Consequently, topical Ketoprofen 10% is not recommended. Based on the clinical information medical record of the peer-reviewed evidence-based guidelines, topical Ketoprofen 10%, 300 g #4 is not necessary.