

Case Number:	CM15-0092176		
Date Assigned:	05/15/2015	Date of Injury:	08/26/2013
Decision Date:	07/07/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/07/2015

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 56 year old male who reported an industrial injury on 8/26/2013. His diagnoses, and/or impressions, are noted to include: cervical spine musculoligamentous strain/sprain, rule-out disc protrusion; thoracic spine musculoligamentous strain/sprain; lumbar spine musculoligamentous strain/sprain with radiculitis, rule-out disc protrusion; bilateral shoulder strain/sprain, rule-out internal derangement of the right shoulder; left shoulder impingement/tendonopathy; bilateral elbow strain/sprain and lateral epicondylitis; bilateral wrist strain/sprain, carpal tunnel syndrome; right knee strain/sprain, meniscal tear; right foot strain/sprain; right great toe contusion; situational depression and anxiety; and sleep disturbance secondary to pain. No current imaging studies are noted. His treatments have included medication management and rest from work. The progress notes of 2/19/2015 note complaints of unchanged, moderate - severe pain to the neck, mid-upper back, lower back, left shoulder/arm, bilateral elbows/forearms, right knee and right ankle/foot; with numbness in the bilateral hands/wrists. The injured worker stated that his treatments help, that chiropractic therapy has helped decrease pain and tenderness, and that he is pending psych follow-up and extracorporeal shockwave therapy to the left shoulder. The objective findings were noted to include restricted cervical range-of-motion with tenderness and positive compression test; restricted thoracic/lumbar range-of-motion with tenderness and positive bilateral straight leg raise; restricted range-of-motion of the bilateral shoulders with positive impingement and supraspinatus tests and tenderness over the left shoulder; tenderness over the left arm; tenderness over the bilateral elbows, forearms and hands; tenderness over the right knee with

positive McMurray's test; and tenderness over the right ankle and foot. The physician's requests for treatments were noted to include acupuncture evaluation and treatments for the cervical/thoracic/lumbar spine, FluriFlex, TGHOT, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 8 evaluate and treatments with acupuncturist between 2/19/2014 and 3/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain in the neck, back, left shoulder/arm, bilateral wrists/hands, bilateral elbows/forearms, right knee and right ankle/foot. The request is for retrospective 8 evaluate and treatments with acupuncturist between 2/19/2014 and 3/27/2014. The request for authorization is dated 02/19/14. Physical examination reveals tenderness to palpation, range of motion is restricted, cervical compression test is positive, straight leg raise test is positive bilaterally, and impingement and supraspinatus tests are positive. The patient states that chiropractic therapy helps to decrease his pain and tenderness. He has completed 22 sessions of acupuncture therapy. Per progress report dated 02/19/14, the patient will remain on temporary total disability. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. The patient has completed 22 sessions of acupuncture therapy. Given patient's condition, additional sessions of acupuncture may be indicated. However, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status and reduced dependence on other medical treatments, prior to extending additional treatments. In this case, per progress report dated 02/19/14, treater notes, The trials of rest, time off work, therapy, medications and all other conservative methods have failed. Furthermore, there is no discussion of reduced dependence on other medical treatments such as documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request is not medically necessary.

Retrospective Fluriflex 180gm dispensed between 2/19/2014 and 2/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck, back, left shoulder/arm, bilateral wrists/hands, bilateral elbows/forearms, right knee and right ankle/foot. The request is for retrospective Fluriflex 180gm dispensed between 2/19/2014 AND 3/27/2014. The request for authorization is dated 02/19/14. Physical examination reveals tenderness to palpation, range of motion is restricted, cervical compression test is positive, straight leg raise test is positive bilaterally, and impingement and supraspinatus tests are positive. The patient states that chiropractic therapy helps to decrease his pain and tenderness. He has completed 22 sessions of acupuncture therapy. Per progress report dated 02/19/14, the patient will remain on temporary total disability. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 02/19/14, treater's reason for the request is "in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." However, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The requested topical compound contains Cyclobenzaprine, which is not supported for topical use. Therefore, the request is not medically necessary.

Retrospective TGHOT 180 gm dispensed between 2/19/2014 and 2/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck, back, left shoulder/arm, bilateral wrists/hands, bilateral elbows/forearms, right knee and right ankle/foot. The request is for retrospective TGHOT 180 gm dispensed between 2/19/2014 and 3/27/2014. The request for authorization is dated 02/19/14. Physical examination reveals tenderness to palpation, range of motion is restricted, cervical compression test is positive, straight leg raise test is positive bilaterally, and impingement and supraspinatus tests are positive. The patient states that chiropractic therapy helps to decrease his pain and tenderness. He has completed 22 sessions of acupuncture therapy. Per progress report dated 02/19/14, the patient will remain on temporary total disability. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)...Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor

antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In-Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per progress report dated 02/19/14, treater's reason for the request is "in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, TG Hot contains Gabapentin in its formulation, which is not supported for topical use. Therefore, the request is not medically necessary.

Retrospective Tramadol 50 mg #60 dispensed between 2/19/2014 and 2/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, back, left shoulder/arm, bilateral wrists/hands, bilateral elbows/forearms, right knee and right ankle/foot. The request is for retrospective Tramadol 50 mg #60 dispensed between 2/19/2014 and 3/27/2014. The request for authorization is dated 02/19/14. Physical examination reveals tenderness to palpation, range of motion is restricted, cervical compression test is positive, straight leg raise test is positive bilaterally, and impingement and supraspinatus tests are positive. The patient states that chiropractic therapy helps to decrease his pain and tenderness. He has completed 22 sessions of acupuncture therapy. Per progress report dated 02/19/14, the patient will remain on temporary total disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not specifically discuss this medication. The patient has been prescribed Tramadol since at least 01/15/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding side effects and aberrant drug behavior. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.