

<b>Case Number:</b>	CM13-0024321		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 71 year old female who reported an injury on 12/16/2009. The injury reportedly occurred when she attempted to catch a box that was falling and she felt a crack coming from her lower back. Her listed diagnoses were cervical radiculopathy and lumbar radiculopathy. She had no surgical history noted. Past treatments were physical therapy and medication. The clinical note dated 07/29/2013 was hand written and difficult to decipher, however, the legible information indicated that the injured worker complained of sharp pain. The pain was rated 8/10 on a pain scale and was better with medications. Upon physical exam, there was no motor strength or range of motion values noted. Crepitus to bilateral knees was documented. Relevant medications were Vicodin and Robaxin. The treatment plan was to obtain MRI of bilateral knees, chiropractic therapy, and medications like Medrox patches, Ultracet 37.5/325 mg, and compound medications. The rationale for the request was not clearly provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment, one time a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The injured worker was noted to have pain to low back and bilateral knees. As the request is written, the location of the manual medicine is not specified and as the therapy is not recommended to some body parts, this information is necessary to determine appropriateness. Additionally, there was no clear documentation of objective functional deficits, intolerance to medications, or participation in active treatment programs. Therefore, the request is not medically necessary.

**Refills Of Compound Medications and Medrox:** 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 Analgesics Page(s): 111-112.

**Decision rationale:** The request for refills of compound medications and Medrox is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Medrox contains Methyl Salicylate 20%, Menthol 7%, and Capsaicin 0.0375%. The guidelines state that capsaicin may be recommended in patients who have not responded or are intolerant to other treatments. The guidelines also state that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Therefore, as the requested compound contains the 0.0375% formulation, which is not recommended, the compound is also not supported. Also, the injured worker reported pain, but there was no sufficient documentation of any pain relief or increase of functional limitation on current pain medication regimen or evidence of prior failed antidepressants or anticonvulsants. Additionally, the request, as submitted, did not specify a frequency of use. For the reasons noted above, the request is not medically necessary.