

<b>Case Number:</b>	CM14-0146202		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Family Practice and is licensed to practice in California. 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 48 year old female who had a work related injury on 03/04/13. The most recent medical record submitted for review is dated 07/17/14. The injured worker complains of cervical spine pain with right hand pain, pain rated a 5 to 6 out of 10 on visual analog scale (VAS) of 0 to 10, denies having any right hand pain at this time. Prior treatment includes six to twelve completed sessions of physical therapy thus far directed to her cervical spine which did increase her pain. Current medications include taking Fioricet and Tramadol on an as needed basis. Pain level of 6 out of 10 before taking the medications and states the medication causes her to sleep. Pain is better with ice, medication, and acupuncture. The pain is made worse with movement and looking down. She is currently not working. Physical examination well developed and well nourished female in no acute distress, ambulated and moved around the exam room without difficulty, cervical spine revealed midline tenderness, decreased flexion and extension because of pain, Spurling's test was positive bilaterally, positive compression test, no spasticity or clonus. Diagnoses are listed as a 5 millimeter cervical disc herniation, bilateral upper extremity radicular pain, anxiety, depression, right shoulder proximal rotator cuff tear, and bilateral shoulder rotator cuff syndrome. Discussion, at this time it is recommended that she continue with physical therapy for her cervical spine. She may be indicated for an epidural steroid injection, however I would like to try acupuncture first and therefore, and I am requesting authorization for acupuncture therapy twice a week for six weeks for the cervical spine. Prior utilization review on 08/11/14 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac lidocaine cream 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains lidocaine which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Keratek Gel 4 ounces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over the counter version of this medication without benefit. As such, the request for this compound is not medically necessary and appropriate.

**Acupuncture to cervical spine 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture to cervical spine twelve sessions is not medically necessary. A trial of three to four sessions to a maximum of eight to twelve over four

to six weeks might be considered, twelve sessions is excessive. Therefore, medical necessity has not been established.