MAXIMUS Federal Services

Case Number:	CM13-0014595		
Date Assigned:	10/07/2013	Date of Injury:	05/10/2010
Decision Date:	01/23/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a Fellowship trained in Pain Medicine 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 physician 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 patient is a 33-year-old male with a reported date of injury on 05/10/2010. The patient presented with bilateral knee pain, bilateral ankle pain, bilateral hip pain, ongoing headaches, slightly antalgic gait, tenderness upon palpation in the cervical, thoracic, and lumbar spine, decreased range of motion in the cervical spine, decreased range of motion in the thoracic spine, decreased range of motion in the lumbar spine, decreased left S1 dermatome sensation to pin prick and light touch, 4+/5 strength in the bilateral deltoids, biceps, internal and external rotators, and triceps, 4+/5 left EHL and inversion strength, 5-/5 left plantar flexion and eversion strength, 5-/5 right inversion, plantar flexion, and eversion strength, 5-/5 strength in the bilateral quads and hamstrings, and painful range of motion of the bilateral ankles, bilateral knees, and bilateral hips. The patient had negative clonus, normal reflexes in the bilateral biceps, brachialis, patella, triceps, and Achilles, and sensation was intact in the bilateral upper extremities. The patient had diagnoses including HNP of the lumbar spine, lumbar radiculopathy, possible cervical radiculopathy, bilateral knee arthralgia, bilateral ankle arthralgia, and bilateral hip arthralgia. The physician's treatment plan included requests for acupuncture 1 x 3, consultation with orthopedist for evaluation of the bilateral ankles, hips, and knees, Terocin lotion 4 ounces, Omeprazole 20 mg #30, and naproxen sodium 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend "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 guidelines recommend 3 treatments to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 month to 2 months at a frequency of 1 time to 3 times per week. Per the provided documentation, the patient attended 8 sessions of acupuncture therapy in the past, which were noted to provide the patient benefit. However, the requesting physician did not include an adequate and complete assessment of the patient's objective functional condition prior to acupuncture therapy, as well as after completion of the 8 sessions of acupuncture therapy in order to demonstrate objective functional improvements with the use of the therapy as well as remaining deficits. Therefore, the request for Acupuncture 1 x 3 is neither medically necessary nor appropriate.

Consultation with orthopedist for evaluation bilateral ankles, hips and knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Independent Medical Examinations and Consultations, Chapter 7, pg. 127..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 329-330,361-362.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines do not specifically address referral to an orthopedist. ACOEM states, if symptoms persist beyond 4 weeks, referral for specialty care may be indicated. Per the provided documentation, the patient has undergone 24 sessions of chiropractic care, 12 sessions of physical therapy, and 8 sessions of acupuncture with benefit, as well as an epidural steroid injection of the lumbar spine. The patient had slightly antalgic gait, decreased sensation in the left S1 dermatome to pin prick and light touch, and slightly decreased strength in the lower extremities. The provider recommended a consultation with an orthopedist to evaluate the patient's bilateral knees, bilateral ankles, and bilateral hips, as the provider felt it was beyond his scope of practice. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current objective functional condition, specifically that of the bilateral ankles, hips, and knees, in order to demonstrate remaining functional deficits to demonstrate the patient's need for an orthopedic consultation at this time. Therefore, the request for consultation with orthopedist for evaluation bilateral ankles, hips and knees is neither medically necessary nor appropriate.

Terocin lotion 4oz: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Terocin lotion is comprised of capsaicin, Lidocaine, menthol, and methyl salicylate. The California MTUS Guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines note topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Within the provided documentation, it did not appear the patient had a diagnosis that would indicate the patient's need for topical capsaicin at this time. Additionally, the guidelines note topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain, and no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. The guidelines also note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Therefore, the request for Terocin lotion 4oz is neither medically necessary nor appropriate.

Omeprazole 20mg, #30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patient at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Within the provided documentation, the requesting physician did not include adequate documentation that the patient

was at risk for gastrointestinal events. It was noted the patient did not have a history of ulcer. It was unclear if the patient had a history of GI bleeding or perforation. Therefore, the request for Omeprazole 20mg, #30 is neither medically necessary nor appropriate.

Naproxen sodium 550mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. Within the provided documentation, it is unclear how long the patient had been utilizing medication. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Naproxen Sodium 550mg, #60 is neither medically necessary nor appropriate.