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| Case Number: | CM13-0016197 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 02/23/1992 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 53 year old employee with date of injury of 2/23/1992. Medical records indicate the patient is undergoing treatment for thoracic facet arthropathy; lumbar disk degeneration; chronic pain; lumbar facet arthropathy; failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion, lumbar spine; status post T11-12 compression fracture. Subjective complaints include thoracic back pain; low back pain; upper extremity pain in left wrist. Pain is 7/10 with medications and 9/10 without. Objective findings include spasm in the bilateral paraspinous musculature; tenderness noted in spinal vertebral area in L5-S1. The range of motion of the lumbar spine was moderately limited secondary to pain; lower extremity flexor and extensor strength is unchanged and tenderness noted at left wrist. Treatment has consisted of left wrist splint; Soma; Lidoderm 5% patch; Gabapentin and Norco. The utilization review determination was rendered on 8/15/2013 recommending non-certification of Acupuncture to low back, upper back, hip, head, knee, and elbow QTY: 4.00; (Retrospective) Urine Drug screen Testing (DOS: 08/05/13) QTY: 1.00; Soma 350mg QTY: 60.00 and a Lidoderm 5% patch QTY: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to low back, upper back, hip, head, knee, and elbow QTY: 4.00: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: The MTUS Acupuncture Guidelines clearly state that 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. The medical documents did not provide detail regarding the patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, a total of up to 8-12 visits over 4-6 weeks is allowed. The treating physician notes on 8/5/13 that the patient has improved pain control and functional improvements, but has not provided documentation of adjunct physical rehabilitation and a decrease in pain medication. Additionally the treating physician did not specify the number and timing of the previous acupuncture visits. As such, the request is not medically necessary and appropriate.

(Retrospective) Urine Drug screen Testing (DOS: 08/05/13) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: The MTUS Chronic Pain Guidelines states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. The University of Michigan Health System Guidelines for Clinical Care recommends two yearly urine drug screens for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December. The patient has been on chronic opioid therapy. The medical documentation provided notes that the patient previously had a urine drug test in May and June of 2013. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request is not medically necessary and appropriate.

Soma 350mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: Regarding Carisoprodol, the MTUS Chronic Pain Guidelines states, "this medication is not indicated for long-term use. Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The ODG states that Soma is not recommended for long-term use. As such, the request is not medically necessary.

Lidoderm 5% patch QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: The MTUS Chronic Pain Guidelines state, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics.". Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail the results of trials and failures of first line therapies. As such, the request is not medically necessary.