

<b>Case Number:</b>	CM13-0038063		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old female who reported injury on 11/20/2009. The mechanism of injury was a trip and fall. The patient was treated with physical therapy, medications, chiropractic therapy, a TENS unit, and prior acupuncture. The documentation of 09/30/2013 revealed the patient had complains of low back pain with neck pain that radiated to the bilateral upper extremities. The patient's pain level was increased to 10/10 with medications and 5/10 without medications. The objective physical examination revealed the patient had cervical paraspinous muscle spasms on palpation. The patient had spinal vertebral tenderness at the level of C4-7. The range of motion of the cervical spine had a moderate reduction secondary to pain. The patient's diagnoses included cervical radiculitis, cervical strain, myalgia and myositis, chronic pain other, medication-related dyspepsia, multiple medication intolerance, and an MMI (maximum medical improvement) from pain management standpoint. The request was made for acupuncture therapy, as the patient reported improved pain control and functional improvement. Four (4) additional visits, home exercise therapy, a re-evaluation and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, CERVICAL SPINE QTY:4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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 time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Clinical documentation submitted for review indicated the employee had prior acupuncture treatments. There was a lack of documentation indicating the quantity of treatments previously received and there was a lack of documentation indicating the employee had a clinically significant improvement in the activities of daily living or a reduction in work restrictions. Given the above and the lack of documentation indicating the quantity of sessions previously attended, the request for acupuncture cervical spine, quantity 4, is not medically necessary.

**LIDODERM PATCH 5% QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm Page(s): 56-57.

**Decision rationale:** The MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Clinical documentation submitted for review could not establish the duration the employee has been on the medication, according to the submitted documentation. There was a lack of documentation indicating the employee had a trial and failure of first-line medication therapy. Given the above, the request for Lidoderm patch 5%, quantity 30, is not medically necessary.