

Case Number:	CM13-0041380		
Date Assigned:	03/26/2014	Date of Injury:	08/20/2008
Decision Date:	05/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation, 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:

Patient was injured 8/20/08 due to fall with accepted body part: back, lumbar spine and psyche. Prior UR record shows certified pain management counseling, acupunctures between 7/1/13 to 9/29/13. 9/11/2013 PR2 report indicates this patient has low back pain with referred pain and numbness to left leg and toes. Pain rated at 6-7. Medications include Flexeril, Lidoderm patch, Tylenol #3, Sprix, Ambien, Risperdal, Zoloft and Abilify. Physical exam shows limited lumbar spine AROM, motor 5/5 except for bilateral breakaway weakness with hip flexion, sensation intact. Diagnoses: Backache, Lumbar sprains and strains, depressive disorder, lumbago. Plan: Epsom salt baths, acupuncture, home program, Medrox Ointment, can resume/continue usual and customary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LOW BACK X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, 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. Further guidelines indicate 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. This patient has received acupuncture exceeding MTUS 2009 recommendations but continues to have significant pain requiring analgesic medications. Therefore, the medical necessity of additional acupuncture low back is not established.

MEDROX OINTMENT 0.0375-20-5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines state Capsaicin is only recommended as an option in patients who have not responded, or are intolerant to other treatments. In this case, the medical records do not establish that with this patient. Patient continues to take oral analgesic. Therefore, the medical necessity is not established for Medrox ointment.