

<b>Case Number:</b>	CM13-0065640		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 59 year-old female who was injured on 9/3/2008. She has been diagnosed with a lumbar strain/sprain with radiculitis. According to the 11/12/13 report form [REDACTED], the patient presents increasing low back pain over the past 3-months. The HEP was not effective. Prior PT was beneficial, but she has not had treatment since April 2012, The physician recommended PT 2x3, and acupuncture 2x3, and Amitramadol topical. There are chiropractic notes showing therapy up to April 2013. On 11/26/13, [REDACTED] UR denied the requests noting he patient had 6 acupuncture sessions, 18 PT visits and 8 chiropractic sessions. It was unknown if there was any functional improvement with prior acupuncture, and it was not known if the patient tried antidepressants or anticonvulsants prior to the compounded topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional physical therapy 2 x 3 for the low back:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The patient presents with lower back pain that has increased over the past 3-months. PT was reported to have helped in the past, but there has been no PT for the recent flare-up. The HEP was not effective, and records show the patient underwent a recent course of chiropractic care, apparently without benefit. MTUS guidelines allow for up to 8-10 sessions of PT for various myalgias and neuralgias. The request for 6 sessions of PT for the recent increase in lower back pain, appears appropriate and in accordance with MTUS guidelines.

**additional acupuncture 2 x 3 for the low back:** Overturned

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

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

**Decision rationale:** The patient presents with lower back pain that has increased over the past 3-months. PT was reported to have helped in the past, but there has been no PT for the recent flare-up. The HEP was not effective, and records show the patient underwent a recent course of chiropractic care, apparently without benefit. There was no acupuncture provided for the recent flare of back pain. The MTUS acupuncture treatment guidelines state there should be some evidence of functional improvement within 6 sessions of acupuncture. Since the patient had not tried acupuncture for the current flare-up, and it is not known when, the prior acupuncture was performed, or to what body region and the outcome, a trial of acupuncture for the current condition seems appropriate to allow the current physician to determine and report if there is any functional benefit. Based on the information available, a new trial of acupuncture for the current flare-up of back pain appears to be in accordance with the MTUS/Acupuncture guidelines.

**Amitrimadol topical 240gm prescribed 11/12/13, with one refill:** Upheld

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

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

**Decision rationale:** The patient presents with lower back pain that has increased over the past 3-months. The 11/12/13 report from [REDACTED] does not discuss the MTUS criteria for the compounded topical Amitramadol. MTUS guidelines states topical analgesics are: ". Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " The UR letter appeared correct, in that there is no documentation in the available records, that the patient has tried and failed antidepressants and anticonvulsants. Based on the available information, the request for the topical medication is not in accordance with MTUS guidelines. Disclaimer: MAXIMUS