

Case Number:	CM14-0004112		
Date Assigned:	01/31/2014	Date of Injury:	02/06/2003
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 & 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:

The injured worker is a 55-year-old female who reported an injury in February 6, 2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to multiple body parts. The injured worker's treatment history included lumbar fusion with hardware removal and spinal cord stimulator implantation, and multiple medications. The injured worker's current medications included Lexapro 20 mg, Zofran 4 mg, Flexeril 7.5 mg, diclofenac sodium cream, morphine sulfate 60 mg, a Lidoderm patch 5%, and Lortab. The injured worker had chronic low back pain, chronic knee pain, chronic ankle and foot pain, and chronic shoulder pain. The injured worker was evaluated on December 3, 2013 and documented that the injured worker continued to have multiple body parts with chronic pain. It was also noted within the documentation that the injured worker underwent a urine drug screen with consistent results with the injured worker's prescribed medication schedule. The injured worker's diagnoses included postlaminectomy lumbar syndrome, disc displacement without myelopathy, pain in lower extremity, carpal tunnel syndrome, major depression, anxiety disorder, depression, psychogenic pain, and post traumatic stress disorder. The injured worker's treatment plan included continuation of medications and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 12 ACUPUNCTURE SESSIONS FOR THE UPPER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

Decision rationale: The California MTUS Guideline recommends a trial of 6 acupuncture visits to establish efficacy of treatments for appropriately identified injured workers who require assistance with medication reduction or are participating in a home exercise program or other type of active therapy that would benefit from an adjunct treatment, such as acupuncture. The clinical documentation submitted for review does not provide any evidence that the injured worker is planning to reduce her medications or that she is participating in any type of active therapy that would benefit from the addition of acupuncture treatments. Additionally, the request as it is submitted exceeds the 6 visit recommended trial. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 12 acupuncture sessions for the upper back are not medically necessary.

REQUEST FOR 1 PRESCRIPTION OF LIDODERM PATCH 5%, # 30 WITH 6 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Chronic Pain and Topical Analgesics, 60 and 111.

Decision rationale: The clinical documentation indicated that the injured worker had been using this medication for at least 3 months. The California MTUS Guideline recommends the use of Lidoderm patches when there has been a failure to respond to oral anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to oral anticonvulsants. Additionally, the California MTUS Guideline recommends ongoing use of this medication be supported by documentation of functional benefit and pain relief. The clinical documentation indicated that the injured worker has had an increase in pain despite medication usage. Also, the request is for 6 refills. This does not allow for timely re-evaluation and assessment to determine appropriate continuation of this medication. Also, the request as it is submitted does not specifically identify a frequency of treatment or appropriate body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for 1 prescription of Lidoderm patch 5% #30 with refills is not medically necessary.

