

<b>Case Number:</b>	CM14-0108964		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Texas and Oklahoma. 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 49-year-old female, who reported an injury on 09/01/2000 due to an unknown mechanism. Diagnoses were lumbosacral neuritis, lumbago, lumbar disc displacement, status post IDET (Intradiscal Electrothermal Treatment), membranous nephropathy. Past treatments have been acupuncture, chiropractic sessions, physical therapy, TENS (Transcutaneous Electric Nerve Stimulation) unit, epidural steroid injections, and trigger point injection. Diagnostic studies were not reported. Past surgical history was not reported. Medications were Lidoderm 5% patch, prednisolone 5 mg, Lasix 40 mg, Lisinopril 5 mg. Treatment plan was to start physical therapy; consider lumbar epidural steroid injection; continue medications as directed; request acupuncture. The rationale was not submitted. The Request for Authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prednisolone 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Corticosteroids

**Decision rationale:** The decision for Prednisolone 5mg is not medically necessary. The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. It was reported that the injured worker was taking the prednisolone for her diagnosis of membranous nephropathy. It was not reported that the membranous nephropathy was part of the injured worker's industrial injury. Therefore, this Prednisolone 5mg is not medically necessary.

**Lidoderm patch:** Upheld

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

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

**Decision rationale:** The decision for Lidoderm patch is not medically necessary. The California Medical Treatment Utilization Schedule 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 (tricyclic or SNRI (Serotonin-Norepinephrine Reuptake Inhibitor) antidepressants or an (AED)Antiepileptic Drug, such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The efficacy of this medication was not provided. Therefore, this request of Lidoderm patch is not medically necessary.

**Six (6) Acupuncture visits:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state 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 to 6 visits, 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. There were no measurable gains or functional improvements reported for the injured worker from previous acupuncture sessions. Therefore, the request of six (6) Acupuncture visits is not medically necessary and appropriate.

**Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back , Gym Memberships

**Decision rationale:** The decision for Gym membership is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription, unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, it indicates that gym memberships would not generally be considered medical treatment and, therefore, are not covered under these guidelines. The medical guidelines do not support gym memberships. Therefore, the request of Gym membership is not medically necessary.