MAXIMUS Federal Services

Case Number:	CM14-0150411		
Date Assigned:	09/24/2014	Date of Injury:	10/27/2012
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

This 41 year-old patient sustained an injury on 10/27/12 while employed by [redacted]. Request(s) under consideration include Acupuncture to right elbow and right knee x 6, Norco 10/325mg #30 with 1 refill, and Lidoderm 5% patches #30 with 1 refill. Diagnoses include right patella Chondromalacia/ patellofemoral syndrome; elbow contusion; Lateral epicondylitis; chronic pain; and DVT (deep vein thrombosis). Report of 8/25/14 from the provider noted the patient with ongoing chronic knee and elbow pain slowly decreased with acupuncture treatment having completed 5 visits. Pain is rated at 4/10 increased with activities on stairs. Exam showed right knee without swelling; positive patellar grind test with crepitation; slightly tender medial and lateral joint lines on palpation; negative varus/valgus stress and Anterior/posterior drawer signs; limited right knee flexion of 120 degrees with pain at end range; right elbow with full range; slightly tender lateral epicondyle; positive Cozen's testing and resisted right forearm supination/wrist extension; intact sensation, DTRs (deep tendon reflexes), and muscle testing of 5/5 in upper and lower extremities; ambulating independently. Treatment included medication refills of Norco and Lidoderm patch; acupuncture; and to remain P&S (permanent and stationary) with modified restrictions. The request(s) for Acupuncture to right elbow and right knee x 6, Norco 10/325mg #30 with 1 refill, and Lidoderm 5% patches #30 with 1 refill were non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right elbow and right knee x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received a significant number of prior acupuncture sessions for this 2012 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture to right elbow and right knee x 6 is not medically necessary and appropriate.

Norco 10/325mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg, #30 with 1 refill is not medically necessary and appropriate.

Lidoderm 5% patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch)

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the extremities. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% patches, #30 with 1 refill is not medically necessary and appropriate.