

<b>Case Number:</b>	CM14-0156241		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Occupational Medicine 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:

There were 138 pages provided for this review. The request was for acupuncture for the low back three times a week for four weeks, Zolpidem 10 mg each evening number 30 and topical capsaicin 0.025% cream. Per the records provided, the patient is a 67-year-old man with an injury from 2011. He sustained a traumatic injury to the lumbar back area while pulling a pallet. The diagnoses were lumbar radiculopathy. Treatment has included physical therapy, medicine, acupuncture, MRI scan, right L4 hemi laminectomy and medial facetectomy, right L4-L5 micro discectomy followed by 18 sessions of physical therapy. An MRI from March 28, 2013 showed degenerative disc degeneration and an L4-L5 4 to 5 mm disc protrusion. Treatment has included physical therapy, lumbar ESI and medicine. There was a 2013 EMG NCS which suggested a right L4 and L5 lumbar radiculopathy but it was not conclusive. He last worked on September 20, 2010. He currently complains of cervical spine, bilateral shoulder, bilateral elbow, bilateral hand and wrist and lumbar spine pain. He is post lumbar discectomy on July 5, 2013. There is muscle tenderness and spasm in the cervical spine. 12 sessions of acupuncture were approved January 30, 2014 reportedly were never completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x4:** Upheld

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

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

**Decision rationale:** The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This however was a request for 12 sessions. Therefore the request is not medically necessary. .

**Zolpidem Tartrate 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, Current Edition, Insomnia

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

**Decision rationale:** The MTUS is silent on the long term use of Zolpidem. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. I was not able to find solid evidence in the guides to support long term usage. Therefore the request is not medically necessary.

**Capsaicin 0.025% Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 111 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Capsaicin.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines indicates Ketoprofen, Lidocaine (in creams, lotion or gels), and Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. ODG indicates Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. This is a substance readily available over the counter, so it is not clear why it need be prescribed. Therefore the request is not medically necessary.