

Case Number:	CM14-0173817		
Date Assigned:	10/27/2014	Date of Injury:	09/26/2012
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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 Arizona and 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 47-year-old male who reported an injury on 09/25/2012 due to lifting a case of watermelon about 6 of them each. The injured worker has diagnoses of lumbar spondylosis and myofascial pain dysfunction syndrome. Past medical treatment included medications and a TENS unit. Diagnostic testing included an MRI of lumbar spine on 10/11/2012, and an EMG/NCS of lumbar spine 03/04/2014 and 05/20/2013. There is no pertinent surgical history. The patient complained of low back pain, stating it has not improved at all since his injury. Physical examination of lumbar spine revealed mobility was slightly restricted in terminal flexion and extension. There was increased muscle tension along the paraspinal region of lumbar area to palpation. Tenderness was low grade and midline of lower lumbar region to palpation and percussion. Straight leg raising test was positive at sitting. Current medications included Ultram and Naprosyn. The treatment plan is for Lidoderm patch 5% quantity #30 with 2 refills, and acupuncture 8 visits, twice per week for 4 weeks. The rationale for the request was not submitted. The Request for Authorization form was submitted on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, qty 30, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5% is not medically necessary. The patient complained of low back pain, stating it has not improved at all since his injury. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is lack of documentation the injured worker has been treated with first line therapy. The dose instructions were not provided. There is also no rationale why the injured worker would require a topical patch versus oral medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Given the above the request for Lidoderm patches 5% is not medically necessary.

Acupuncture eight visits, twice per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture eight visits, twice per week for four weeks is not medically necessary. The injured worker has no functional deficits in range of motion or motor strength. The California (MTUS) guidelines recommend up to 3-6 initial sessions of acupuncture for injured workers as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is a lack of documentation that medications have not been tolerated. In addition, the request for 8 visits would exceed the guideline recommendations for initial duration of care. As such, the request is not medically necessary.