

<b>Case Number:</b>	CM14-0039986		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/12/1994
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 12, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and unspecified amounts of acupuncture. In a utilization review report dated March 21, 2014, the claims administrator denied a request for Voltaren gel, partially certified a request for 6 sessions of acupuncture as 3 sessions of acupuncture, partially certified a request for Ultram #90 with one refill as Ultram #90 with no refills, and denied Lidoderm patches outright. The applicant's attorney subsequently appealed. In a letter dated April 4, 2014, the applicant stated that she had ongoing complaints of neck pain and had received nerve root blocks. The applicant stated that she had transferred care to and from various providers in various specialties. The applicant stated that acupuncture and medications were ameliorating her condition. The applicant also stated that she had ongoing issues with tender points and trigger points. The applicant stated that she was able to continue to work. The applicant stated that she was making a point to schedule her acupuncture treatments so as to avoid interfering with work tasks. The applicant stated that she had recently been promoted and that she had been continuously employed with the same employer for the past 27 years. In a progress note dated February 28, 2014, it was reiterated that the applicant was both working and attending school. The applicant did report heightened symptoms associated with a heightened workload at work. The applicant stated that she was working full time without any formal restrictions. The applicant stated that she was able to handle dishes, do her own laundry, vacuum her room, and do some grocery shopping. The applicant was interactive with family members, it was acknowledged. She was working 40 hours a week. The applicant stated that intermittent acupuncture during flares of pain was ameliorating her ability to perform work tasks. The

applicant's medications included Calcium, Estrogen, Glucosamine, Allegra, Levoxyl, Lidoderm, Ultracet, and Voltaren. Additional acupuncture and medications were renewed. The applicant exhibited well-preserved bilateral upper extremity grip strength.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren gel 1% with four refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren or Diclofenac is indicated in the treatment of small joint arthritis which lends itself toward topical application. Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note. In this case, the applicant's primary pain generator is in fact the cervical spine, a body part for which Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for selection and/or ongoing usage of this particular drug in the face of the unfavorable MTUS position on the same was proffered by the attending provider, particularly when the applicant is using and tolerating first-line oral pharmaceuticals such as Ultram. Accordingly, the request is not medically necessary.

**Six sessions acupuncture:** Overturned

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

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

**Decision rationale:** As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f). In this case, the applicant's successful return to and/or maintenance of full-time regular duty work status, coupled with a reported diminution in consumption of the analgesic medications, does constitute prima facie evidence of functional improvement as defined in Section 9792.20(f). Accordingly, the request for acupuncture is medically necessary.

**Ultram 37.5/325 mg #90:** Overturned

**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 When To Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to regular duty work. The applicant is maintaining regular duty work status. The applicant is reporting appropriate improvement in terms of ability to perform activities of daily living, household chores, and interaction with family members, reportedly achieved as a result of ongoing Ultram usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Lidoderm patches (30 per box) two boxes with two refills:** 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 Topical Lidocaine Section Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm or Lidocaine is indicated in the treatment of low class peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence that first-line antidepressants and/or anticonvulsants were trialed and/or failed here. Furthermore, the applicant's ongoing usage of first-line oral pharmaceuticals, including Ultram, effectively obviates the need for the Lidoderm patches in question. Therefore, the request is not medically necessary.