

<b>Case Number:</b>	CM14-0040722		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/27/2014
<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 Orthopedic Surgery and is licensed to practice 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 74-year-old female produce grader/sorter sustained an industrial injury on 5/7/13, relative to lifting, carrying and transporting boxes at work. The 2/27/14 treating physician report cited grade 7/10 neck, mid-back and low back pain, with numbness and tingling into the upper extremities. The past medical history was positive for diabetes and hypertension. The patient had completed 15 visits of acupuncture and reported 60% improvement in pain and increased activity level. Lidopro cream helped decrease pain, about 60-70%, and allowed her to avoid oral pain medications. Objective findings documented cervicothoracic tenderness, spinal range of motion limited by pain, intact upper/lower extremity sensation, right shoulder strength 4/5, left shoulder strength 4+/5, bilateral wrist strength 4+/5, and lower extremity strength 5-/5 bilaterally. Lab values were all within normal limits. The diagnosis was cervical herniated nucleus pulposus with central canal stenosis, cervical radiculopathy, grade 1 spondylolisthesis at L4/5, and bilateral shoulder arthralgia. The patient was to continue home exercise, additional acupuncture 2x4, orthopedic follow-ups, and Lidopro cream. Records indicated that a secondary orthopedist was following the patient for a diagnosis of bilateral shoulder acromioclavicular arthrosis, rotator cuff arthropathy, and impingement/bursitis. Conservative treatment was being prescribed for the shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido pro topical ointment 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines provide recommendations for topical analgesics. LidoPro is a topical analgesic that combines Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Guidelines state that if any compounded product contains at least one drug (or drug class) that is not recommended, then the compounded product is not recommended. Capsaicin 0.0325% is not recommended as there are no current indications that an increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guidelines recommend the use of topical salicylates for osteoarthritis and tendinitis, particularly at the knee or other joints, for short term use of 4 to 12 weeks. Guideline criteria have not been met. Guidelines do not support the use of capsaicin in a 0.0325% formulation, do not recommend Lidocaine in an ointment form for neuropathic pain, and do not recommend topical Lidocaine for non-neuropathic pain. Lacking guideline support for all of the compound components, this request for LidoPro topical ointment, 4 oz, is not medically necessary.

**Orthopedic follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. The Guideline criteria have not been met. This patient is under the care of a primary orthopedist that is providing medication management and overseeing physical medicine treatment. The secondary orthopedist is apparently managing the shoulder complaints which are being treated conservatively. The medical necessity of a second physician in the same office to co-manage physical medicine treatment and topical medications is not apparent or supported by guidelines. Therefore, this request for the orthopedic follow-up is not medically necessary.

**Acupuncture therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine guidelines.

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

**Decision rationale:** The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used 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. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met. There is no documentation of a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. Records suggest that acupuncture has been provided since August 2013, in excess of optimum duration recommended by the guidelines. Therefore, the request for acupuncture therapy, two (2) times a week for four (4) weeks, is not medically necessary.