

Case Number:	CM14-0044450		
Date Assigned:	07/02/2014	Date of Injury:	01/26/2009
Decision Date:	07/31/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 34-year-old female with a 1/26/09 date of injury. There are subjective findings of chronic pain. There are objective findings of tenderness to palpation and painful cervical range of motion. Current diagnoses include cervical degenerative disc disease, shoulder sprain/strain, medial epicondylitis, wrist sprain/strain, and myofascial pain. Treatment to date includes acupuncture; at least 14 sessions with pain relief, physical therapy, and NSAIDs. In addition, the medical report plan identifies trial of Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six visits for Acupuncture to the left wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, shoulder sprain/strain, medial epicondylitis, wrist sprain/strain, and myofascial pain. In addition, there is documentation of at least 14 sessions of acupuncture completed to date. However, despite documentation of pain relief with previous acupuncture, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture provided to date. Therefore, based on guidelines and a review of the evidence, the request for six visits for acupuncture to the left wrist is not medically necessary and appropriate.

Lidopro Cream 120GM: Upheld

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

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

Decision rationale: An online source identifies LidoPro lotion as a compound medication consisting of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, shoulder sprain/strain, medial epicondylitis, wrist sprain/strain, and myofascial pain. In addition, there is documentation of a plan identifying trial of Lidopro cream. However, the requested Lidopro cream contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidopro Cream 120 gm is not medically necessary and appropriate.

Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, shoulder sprain/strain, medial epicondylitis, wrist sprain/strain, and myofascial pain. In addition, there is documentation of myofascial pain syndrome; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, and medications have failed to control pain; radiculopathy is not present (by exam); and no more than 3-4 injections per session. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for trigger point injection is not medically necessary and appropriate.