MAXIMUS Federal Services

Case Number:	CM14-0050240		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2012
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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 and Rehabilitation 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 record indicates the injured worker is a 29 year old male injured on 09/19/12 due to trimming a tree and accidentally cutting his forehead. Progress note dated 06/19/14 states surgical history includes brain surgery. Progress note dated 06/12/14 shows the injured worker presents with low back pain, neck pain, upper extremity pain, and headaches. The injured worker underwent a bilateral transforaminal epidural steroid injection on 06/05/14 and reports some relief from pain in back radiating to lower extremities but the back pain has come back. The injured worker reports back pain level is 6/10 on the visual analog pain scale. The injured worker reports pain and numbness in the left hand and at times drops items in his hands, also states he no longer feels complete numbness in left hand. The injured worker reports trying out chiropractic therapy and acupuncture. The injured worker states chiropractic therapy helped but the acupuncture did not. The injured worker states he is able to work and pain is relieved when taking medications Voltaren, Norflex, and LidoPro. The injured worker states he uses LidoPro cream and this aides in sleep. The injured worker denies side effects of the medications. Impression of MRI of the lumbar spine dated 02/19/14 shows disc desiccation at L1-2 through L5-S1 with disc loss height at L5-S1, modic type II change at inferior endplate of L5 and superior endplate of S1 and straightening of lumbar lordotic curvature. Diagnoses include cervical and lumbar spine herniated nucleus pulposus, cervical and lumbar radiculopathy. The request for prescription of Flexeril 7.5mg #30, prescription for LidoPro cream 4 ounces #1, and eight acupuncture sessions for the lumbar spine were denied by previous utilization review dated 03/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flexeril 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, per MTUS, the medical necessity for Flexeril is not established.

1 Prescription of Lidopro cream 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Lidopro contains lidocaine, capsaicin, methyl salicylate and menthol. According to the CA MTUS guidelines, Topical Analgesics are largely experimental and there is little to no research to support the use of many of these agents. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for neuropathic 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 Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Furthermore, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence of neuropathic pain in this patient. There is no documentation of intolerance to other treatments. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request of lidopro is not medically necessary according to guidelines.

Eight acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Acupuncture is 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. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. Furthermore, If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not show the patient has benefitted with prior acupuncture treatment and there is no documentation of any functional improvement. Therefore, the medical necessity of the request of Acupuncture is not established.