

<b>Case Number:</b>	CM14-0057469		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas. 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 53 year old female injured on 09/30/02 when involved in a motor vehicle collision resulting in neck, head, upper extremities and low back injuries. Current diagnoses included multilevel cervical discopathy, status post previous right shoulder arthroscopy, and status post bilateral carpal tunnel release with recurrence. Neurological Diagnosis; sleep disturbance, psychiatric complaints, lumbosacral strain/arthrosis/discopathy with radiculopathy, and thoracic strain/arthrosis. Clinical note dated 03/25/14 indicated the injured worker presented reporting continued constant neck pain varying in intensity symptoms includes tingling, cramping, paresthesia in bilateral hands and wrists; right greater than left and constant low back pain with bilateral lower extremities radiculopathy symptoms. Physical examination of the cervical spine revealed positive Spurling test with pain and positive compression test on the left. Physical examination of bilateral upper extremities revealed positive Tinel sign bilaterally, positive Phalen maneuver bilaterally, thenar weakness bilaterally, and positive right thumb trigger finger with tenderness in the A1 pulley. Medications included Hydrocodone 10-325mg, Lorazepam, Imitrex, Ibuprofen, Omeprazole, and Lidoderm patches. The initial request for Acupuncture Lumbar Spine quantity six, Acupuncture Cervical Spine quantity six, Ativan 2mg #30, and Lidocaine 5% cream 60g #1 was non-certified on 04/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Lumbar Spine Qty: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement Page(s): 48.

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

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of Acupuncture or Acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of 3 to 4 sessions over 2 weeks with evidence of objective functional improvement prior to approval of additional visits. As such, the request for Acupuncture for Lumbar Spine quantity 6.00 is not medically necessary.

**Acupuncture, Cervical Spine, QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement Page(s): 48.

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

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of Acupuncture or Acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of 3 to 4 sessions over 2 weeks with evidence of objective functional improvement prior to approval of additional visits. As such, the request for Acupuncture, Cervical Spine quantity 6.00 is not medically necessary.

**Ativan 2 mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate

treatment for anxiety disorder is an antidepressant. As such the request for Ativan 2 mg quantity 30.00 is not medically necessary.

**Lidocaine 5% cream 60 gm QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As such, the request for Lidocaine 5% cream 60gm quantity 1.00 is not medically necessary.