

<b>Case Number:</b>	CM14-0076230		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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:

According to the records made available for review, this is a 67-year-old with a 12/6/96 date of injury. At the time (5/5/14) of request for authorization for Acupuncture x 6 sessions- lumbar spine and Lidopro 121 g w/ refill dispensed in office, there is documentation of current diagnoses (lumbar spine disc bulge and lumbar spine facet arthropathy). No medical reports from the treating physician identifying the patient's current clinical condition (including subjective/objective findings, and treatment to date) and addressing the medical necessity of the requested Acupuncture x 6 sessions- lumbar spine and Lidopro 121 g w/ refill dispensed in office have been made available for review. Regarding acupuncture, there is no documentation of functional deficits and functional goals and if this is a request for initial or additional acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 6 sessions lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**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. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc bulge and lumbar spine facet arthropathy. However, given no documentation of subjective and objective findings, there is no documentation of functional deficits and functional goals. In addition, given documentation of a 12/6/96 date of injury, where there would have been an opportunity to have had previous acupuncture, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture x 6 sessions- lumbar spine is not medically necessary.

**Lidopro 121 g w/ refill dispensed in office:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: drugs.com lidopro-side-effects.

**Decision rationale:** An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. 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. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc bulge and lumbar spine facet arthropathy. However, Lidopro contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidopro 121 g w/ refill dispensed in office is not medically necessary.