

Case Number:	CM14-0096800		
Date Assigned:	07/28/2014	Date of Injury:	03/24/2010
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational Medicine 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:

This case involves a 63 year old female who sustained an injury on 03/24/2010. The primary treating physician's progress report dated 03/04/2014 lists subjective complaints of chronic pain in the low back that radiates to the right lower extremity with weakness, numbness and tingling. The injured worker's objective findings state there was no musculoskeletal or neurosensory examinations performed. The diagnosis is displacement of lumbar intervertebral disc without myelopathy. The injured worker's previous treatments include 16 sessions of physical therapy (2010), EMG (2010), MRI of lumbar spine (2010), TENS unit, 6 sessions of acupuncture (2011), 12 sessions of acupuncture (2013), 6 sessions of physical therapy (2012), 7 sessions of physical therapy (2013), and 18 sessions of acupuncture (2013-present). Her current medications include Flector 1.3% Transdermal 12 hour patch, #30 SIG: apply 1 patch every day by transdermal route for 30 days and Trazodone 50mg, #30 SIG: take 1 tablet ever day by oral route at bedtime for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the injured worker has had functional improvement with the 30 visits of acupuncture previously authorized. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. As such, this request is not medically necessary.

Flector 1.3% Transdermal 12 Hour Patch, #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diclofenac (Topical Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In addition, the guidelines recommend a short-term use of 4-12 weeks. There is little evidence to utilize topical non-steroidal anti-inflammatory drug (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. As such, this request is not medical necessary.

Trazodone 50mg #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. As such, this request is not medically necessary.