

<b>Case Number:</b>	CM14-0210243		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	02/13/2008
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 44 year old female, who sustained an industrial injury on 2/13/2008. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include lumbar spine sprain/strain and disc protrusion, cervical sprain/strain, left knee degeneration/meniscus, right knee possible, right shoulder tendinitis/bursitis, and left shoulder sprain/strain. Currently, she complained of worsening back pain rated 8/10 VAS. She reported a fall due to lower extremity weakness. On 10/30/14, the physical examination documented tenderness to palpation of bilateral knees and shoulders. The lumbar spine and the cervical spine were tender with muscles spasms noted. The plan of care included acupuncture treatments twice a week for three weeks, Norco 5/325mg, one tablet twice daily #60; Norcosott #30; Lidoderm Patch #30; and 120 grams of Methyl Cream #1 with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical and lumbar spine, bilateral knees and shoulders; 2 times a week for 3 weeks:** Overturned

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

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

**Decision rationale:** The patient is a 44 year old female with an injury on 02/13/2008. She had chronic lumbar pain, neck pain, knee pain and shoulder pain. On 10/30/2014 has had tenderness to palpation of both knees and shoulder and lumbar/cervical muscle spasm. The requested trial of acupuncture twice a week for 3 weeks (a total of 6 visits) is consistent with the acupuncture guidelines and for further visits there must be objective documentation of efficacy. Therefore, the request is medically necessary.

**Norco 5/325mg quantity 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 44 year old female with an injury on 02/13/2008. She had chronic lumbar pain, neck pain, knee pain and shoulder pain. On 10/30/2014 has had tenderness to palpation of both knees and shoulder and lumbar/cervical muscle spasm. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria; the request is not medically necessary.

**Narcosoft quantity 30 with 1 refill:** 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), Medical Foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 - 79.

**Decision rationale:** The patient is a 44 year old female with an injury on 02/13/2008. She had chronic lumbar pain, neck pain, knee pain and shoulder pain. On 10/30/2014 has had tenderness to palpation of both knees and shoulder and lumbar/cervical muscle spasm. Narcosoft is a dietary supplement with laxatives/fiber. Since as noted above, continued Norco is not medically necessary, a medication to improve constipation from opiates is not medically necessary.

**Lidoderm patch quantity 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The patient is a 44 year old female with an injury on 02/13/2008. She had chronic lumbar pain, neck pain, knee pain and shoulder pain. On 10/30/2014 has had tenderness to palpation of both knees and shoulder and lumbar/cervical muscle spasm. There is no documentation of neuropathic pain. MTUS, Chronic Pain guidelines note that Lidoderm is not recommended for non-neuropathic pain. Lidoderm is not medically necessary for this patient.

**Methyl cream 120mg with one refill:** Upheld

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

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

**Decision rationale:** The patient is a 44 year old female with an injury on 02/13/2008. She had chronic lumbar pain, neck pain, knee pain and shoulder pain. On 10/30/2014 has had tenderness to palpation of both knees and shoulder and lumbar/cervical muscle spasm. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains 10% Menthol which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.