

Case Number:	CM15-0135802		
Date Assigned:	07/23/2015	Date of Injury:	08/23/2013
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female, who sustained an industrial injury on 8/23/13. The injured worker has complaints of pain in the right low back that radiates down the right leg. The documentation noted the injured workers low back pain has decreased in severity by about 50 percent and pain radiating down the right leg has decreased in frequency after six-acupuncture treatment in the past two months and she is able to walk with less difficulty. The diagnoses have included lumbosacral strain with right sciatica secondary to sacroiliac joint dysfunction and myofascial pain syndrome. Treatment to date has included acupuncture treatment; meloxicam; skelaxin; lidocaine patch; transcutaneous electrical nerve stimulation unit; swims two times a week for exercise; lumbar spine magnetic resonance imaging (MRI) on 9/27/13 revealed small disc bulges between levels L1 to S1 (sacroiliac), mild spondylosis, but no acute fractures; sacrum and coccyx X-rays on 8/29/13 showed no evidence of fracture or dislocation; lumbar spine X-rays on 9/18/13 revealed changes suggestive of post left knee anterior cruciate ligament repair with small suprapatellar effusion, but no fracture or dislocation and electromyography/nerve conduction study on 11/27/13 revealed findings suggestive of bilateral S1 (sacroiliac) radiculopathy or possible peripheral sensory polyneuropathy. The request was for acupuncture, once every other week for the lumbar spine per 6/12/15 order quantity 6; lidocaine 5% patch #60 with 13 refills, per 6/12/15 order and skelaxin 800mg #30 with 13 refills, per 6/12/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, once every other week for the lumbar spine per 6/12/15 order QTY: 6:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. When seen, there had been a decreasing frequency of radiating symptoms after six acupuncture treatments over the previous two months. She was using a TENS unit 2-3 times per day with 50% improvement. She was continuing to work without restrictions. Physical examination findings included decreased lumbar spine range of motion with tenderness. There was right gluteal muscle tenderness with a trigger point. Straight leg raising was negative. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had acupuncture for two months. The requested acupuncture treatments for another 12 weeks are not medically necessary.

Skelaxin 800mg #30 with 13 refills, per 6/12/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. When seen, there had been a decreasing frequency of radiating symptoms after six acupuncture treatments over the previous two months. She was using a TENS unit 2-3 times per day with 50% improvement. She was continuing to work without restrictions. Physical examination findings included decreased lumbar spine range of motion with tenderness. There was right gluteal muscle tenderness with a trigger point. Straight leg raising was negative. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Skelaxin (metaxalone) is a relatively non-sedating muscle relaxant. Its effect is presumed to be due to general depression of the central nervous system rather than by inhibiting spasticity. It is recommended with caution as a second-line option for acute low back pain and for short-term pain relief in patients with chronic low back pain. In this case, the quantity being prescribed is consistent with ongoing long-term use of more than one year and was not medically necessary.

Lidocaine 5%patch #60 with 13 refills, per 6/12/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. When seen, there had been a decreasing frequency of radiating symptoms after six acupuncture treatments over the previous two months. She was using a

TENS unit 2-3 times per day with 50% improvement. She was continuing to work without restrictions. Physical examination findings included decreased lumbar spine range of motion with tenderness. There was right gluteal muscle tenderness with a trigger point. Straight leg raising was negative. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.