

<b>Case Number:</b>	CM15-0168475		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 36 year old male who sustained an industrial injury on 3-28-11 when his left hand got caught between a slab of concrete and a forklift causing immediate pain. He was also injured on 4-25-11 resulting in low back pain. Diagnoses include lumbar facet syndrome; lumbar radiculopathy; left hand pain. He currently (8-8-15) complains of lower back pain with a pain level of 7 out of 10; left hand pain (7 out of 10). On physical exam there was slight pain on the L5-S1 region. Diagnostics include electrodiagnostic study of the bilateral lower extremities (7-6-12) shows no evidence of lumbar radiculopathy but there was suspicion for proximal right L5 nerve root pathology; MRI of the lumbar spine (7-31-12) showing disc space narrowing with disc desiccation; MRI of the lumbar spine (9-2014) showing degenerative disc disease, disc herniation; electrodiagnostic study upper extremities (11-12-12) normal. Treatment's to date include physical therapy (16 sessions) with benefit for range of motion; medications: Colace, Lidoderm 5% patch, cyclobenzaprine, omeprazole, oxycodone; cubital tunnel release (9-26-13); bilateral lumbar medial branch radiofrequency neurotomy at L3, L4, L5 (5-8-13); lumbar medial branch block (2-27-13); lumbar epidural steroid injection (9-24-14) with benefit; lumbar radiofrequency (6-25-14) with 60% pain relief; acupuncture: injured worker as of 5-12-15 completed 12 sessions to low back and left upper extremity with 50% reduction of pain for 1-2 days after each session. In the progress note dated 5-12-15 and 8-8-15 the treating provider's plan of care included a request for 6 acupuncture treatments as previous treatments were beneficial regarding increased range of motion and decrease of pain. In the 5-12-15 progress note the treating provider requested continuation of Lidoderm patches for topical neuropathic pain

control. The injured worker has been on Lidoderm patch since 1-13-15 and lidocaine ointment since 8-4-14 per documentation. The request for authorization dated 5-20-15 indicates 6 additional acupuncture sessions to treat the low back and left upper extremity pain. On 8-12-15 utilization review evaluated and modified the request for acupuncture to 6 sessions because the provider did not specify the number of visits but the 5-20-15 and 8-8-15 specifies 6 visits in the requests; continuation of Lidoderm 5% patch was non-certified based on the injured worker being on the medication since 2012 and there was little documentation to support its meaningful pain relief.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used 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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments, 2. Frequency: 1-3 times per week, 3. Optimum duration is 1-2 months, 4. Treatments may be extended if functional improvement is documented. Previous acupuncture treatment has not produced documented objective improvement in pain and function. Therefore the request is not certified and therefore is not medically necessary.

**Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not certified and therefore is not medically necessary.