

Case Number:	CM15-0169552		
Date Assigned:	09/10/2015	Date of Injury:	01/24/2015
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 46 year old female, who sustained an industrial injury on January 24, 2015. The injured worker reported pulling a box down from overhead with subsequent development of pain to the low back. The injured worker was diagnosed as having lumbar strain, left paracentral annular tear at lumbar five to sacral one without stenosis, and possible allergy to sun block. Treatment and diagnostic studies to date has included physical therapy, acupuncture, magnetic resonance imaging of the lumbar spine, medication regimen, and x-rays. In a progress note dated July 13, 2015 the treating physician reports complaints of constant low back pain with radiating pain, numbness, and weakness to the bilateral thighs and calves along with cramping to the bilateral legs. The treating physician also notes that the injured worker was allergic to sun block and works in the sun. Examination reveals decreased range of motion to the lumbar spine with pain, and tenderness at the midline lumbosacral spine. In a progress note dated May 15, 2015 the treating physician noted the injured worker' pain level to be rated a 5 out of 10, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The injured worker's medication regimen included Lidoderm, Acetaminophen, Etodolac ER, and Orphenadrine. The progress note from April 15, 2015 noted that the injured worker has been on an anti-inflammatory medication since at least prior to this examination, but the documentation on this date did not indicate the specific medication. The acupuncture progress note from June 02, 2015 indicated that at least twelve sessions of

acupuncture were performed with the treating acupuncturist indicating that the injured worker was improving with limitations as seen with decreased muscle tenderness and decreased muscle tension, but continued pain. The documentation did not indicate if the injured worker experienced any functional improvement with the prior acupuncture sessions. On July 13, 2015 the treating physician requested acupuncture per the injured worker's request. The treating physician requested Naproxen, but the documentation did not indicate the specific reason for the requested medication. The treating physician also requested a dermatology consultation noting that the injured worker is allergic to sun block and works outdoors along with the treating physician noting that an additional evaluation and treatment is required by the dermatologist because the complaint is not within the treating physician's expertise. On August 03, 2015 the Utilization Review determined the requests for acupuncture times six, Naproxen, and dermatology consultation were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: 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. The request for acupuncture does not meet criteria as previous session has not produced documented significant improvement in pain and function. The request is not medically necessary.

Naproxen: 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): NSAIDs, specific drug list & adverse effects.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. However dosing information and quantity is not specified. Thus compliance with maximum dosing cannot be determined. Therefore the request is not medically necessary.

Dermatology consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has sun block allergy with constant sun exposure at work. Therefore dermatology consult is medically necessary.