

<b>Case Number:</b>	CM15-0182448		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: New Jersey, New York  
 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 44 year old female, who sustained an industrial injury on 8-7-2008. The injured worker is undergoing treatment for right foot pain, plantar fasciitis, status post right ankle fracture with ankle plate, pain with retained hardware, degenerative joint disease, left leg injury, two level lumbar discopathy with intermittent bilateral radiculopathy and facet arthropathy, spinal discopathy without radiculopathy, and obesity. Dates of service reviewed included: 10-28-13 to 7-29-15. Current subjective findings reported: persistent stabbing, aching right ankle pain rated 6 out of 10; ongoing aching and persistent low back pain rated 6 out of 10; aching and stabbing neck pain rated 6 out of 10; shoulder pain rated 4 out of 10. Current physical examination revealed: an antalgic gait, unable to perform heel-toe walk on the right, weakness, swelling and limited range of motion of the right ankle; tenderness, spasm, tightness, reduced range of motion of low back. The treatment and diagnostic testing to date has included: urine drug screens (10-28-13, 12-6-13, 1-13-14, 2-7-14, 3-6-14, and 5-1-14), chiropractic sessions, previous acupuncture (October 2014, unclear amount completed) reportedly had been helpful in the past; crutches, heat, ice, x-rays of the right ankle (7-29-15), magnetic resonance imaging of the left shoulder (date unclear), and physical therapy (unclear amount completed) reported as "helping well"; right knee meniscal tear surgery (date unclear), water therapy (October 2014, completed amount unclear), results reported as "helping". Current medications listed: Tramadol and Motrin as needed. Medications have included: Tramadol, Apptrim, Ibuprofen, transdermal creams, Naproxen, Norco, Keflex. Current work status: not working. The request for authorization is for: Lidoderm 5 percent patches (1) patch every 12 hours quantity 3 boxes with one refill; acupuncture 2 times weekly for 4 weeks; and aqua therapy 2 times

weekly for 4 weeks. The UR dated 8-21-15: non-certified the request for Lidoderm 5 percent patches (1) patch every 12 hours quantity 3 boxes with one refill; acupuncture 2 times weekly for 4 weeks; and aqua therapy 2 times weekly for 4 weeks.

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

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

#### **Lidoderm 5% patches #3 boxes with 1 refill: 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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. The patient had used Lidoderm without documented objective improvement in pain and function. Therefore, the request is considered medically unnecessary.

#### **Acupuncture 8 sessions (2x4): Upheld**

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

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

**Decision rationale:** The request for acupuncture is not medically necessary. According to the MTUS, a total of up to 8-12 visits over 4-6 weeks is allowed for acupuncture. According to the chart, the patient had previous acupuncture sessions but there was no documentation of objective functional improvement. There was also no objective improvement in pain. Therefore, the request for additional acupuncture is not medically necessary.

#### **Aquatherapy 8 sessions (2x4): 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): Aquatic therapy.

**Decision rationale:** The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. The patient had previous aquatic therapy. However, there was no objective documentation of improvement in pain and function. She

should have been recommended to do home muscle-stretching exercises and at this point, the patient should be able to perform home exercises. Therefore, aquatic therapy is not medically necessary at this time.