

Case Number:	CM15-0184420		
Date Assigned:	09/24/2015	Date of Injury:	08/23/2011
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 62 year old female who sustained an industrial injury on 8-23-11. The injured worker reported pain in the neck and lower back. A review of the medical records indicates that the injured worker is undergoing treatments for joint pain shoulder, cervicalgia and lumbago. Medical records dated 8-27-15 indicate pain rated at 5 out of 10. Provider documentation dated 8-27-15 noted the work status as "patient instructed to return back to work with no restrictions." Treatment has included Lidoderm gel since at least April of 2015, Celebrex since at least April of 2015, Tramadol since at least April of 2015 and Mobic since at least June of 2015. Objective findings dated 8-27-15 were notable for pain upon palpation at the lumbar spine, pain upon extension, cervical spine with tenderness to the paraspinal muscles. The original utilization review (9-17-15) denied a request for Acupuncture, shoulder, cervical spine and low back area times 6, Physical therapy, shoulder, cervical spine and low back area times 12, Lidocaine 5% topical ointment quantity of 1 and Mobic 7.5 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, shoulder, cervical spine and low back area x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 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. 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. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments. The request is not medically necessary.

Physical therapy, shoulder, cervical spine and low back area x 12: 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): Physical Medicine.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.

Lidocaine 5% topical ointment #1: 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: Per the guidelines topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of topical lidocaine in this injured worker. The request is not medically necessary.

Mobic 7.5mg #60: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of mobic is not substantiated in the records. The request is not medically necessary.