

Case Number:	CM15-0184858		
Date Assigned:	10/15/2015	Date of Injury:	01/02/2014
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 56 year old male, who sustained an industrial injury on 01-02-2014. He has reported injury to the head, right knee, left ankle, and low back. The diagnoses have included T12 compression fracture; L3 compression fracture; right tibial plateau fracture; and left ankle medial malleolar and talar neck fracture-edema. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, chiropractic therapy, cognitive behavioral therapy, physical therapy, home exercise program, cane, and surgical intervention. Medications have included Norco, Naprosyn, and Lidopro cream. A progress note from the treating physician, dated 08-27-2015, documented a follow-up visit with the injured worker. The injured worker reported left ankle pain is sharp and worse, rated at 8 out of 10 in intensity; the pain is worse with prolonged walking and sitting; status post left ankle surgery on 09-11-2014; he continues ankle support; additional physical therapy is pending; he uses the TENS unit and home exercise program regularly; he has low back pain rated at 5-6 out of 10 in intensity today; he uses Naproxen as needed for mild to moderate pain; and the Lidopro topical cream helps. Objective findings included thoracic and lumbar spine tenderness to palpation with decreased range of motion; ambulates with crutches; he is unable to walk on toes; difficulty walking on heels with pain; right knee tenderness to palpation in the anterior, posterior, and lateral aspects with mild edema; left ankle is tender to palpation with mild edema; decreased range of motion; and positive eversion test. The treatment plan has included the request for Lidopro cream 121gm; and unknown sessions of acupuncture. The

original utilization review, dated 09-08-2015, non-certified the request for Lidopro cream 121gm; and unknown sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: 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 analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Unknown sessions of acupuncture: 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 is for a unspecified amount of sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is in excess of the recommended initial treatment sessions and not certified. Therefore, the requested treatment is not medically necessary.