

<b>Case Number:</b>	CM15-0186164		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 an 81 year old female, who sustained an industrial injury on 7-18-02. The injured worker was diagnosed as having tibial tendinitis; spondylolisthesis congenital; spinal stenosis of lumbar region without neurogenic claudication; lumbosacral spondylosis without myelopathy. Treatment to date has included medications. The PR-2 dated 5-7-15 is documented by the provider indicating the "Patient has residual dizziness. She takes Meclizine with some relief. She has received her orthopedic shoes which she finds cumbersome to use. She followed up to Hanger and has not received any inserts." Objectives are notes as "Ambulates with decreased toe clearance and with residual foot pronation. Orthopedic shoes appear well fitting. She uses a walker. Need gait analysis with orthopedic shoes and Arizona brace on. Right posterior tibial tendinitis. Right ankle DJD. Right hallux valgus." A PR-2 note dated 4-2-15 is same to similar in documentation. A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 9-11-15 and non-certification was for In-Office Acupuncture, Lumbar Spine, 8 Sessions; Topical Cream; Medrol Dose Pack #1. A request for authorization has been received for In-Office Acupuncture, Lumbar Spine, 8 Sessions; Topical Cream; Medrol Dose Pack #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **In-Office Acupuncture, Lumbar Spine, 8 Sessions: Upheld**

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

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

**Decision rationale:** The current request is for In-Office Acupuncture, Lumbar Spine, 8 Sessions. The RFA is dated 09/04/15. Treatment to date has included medications, acupuncture, and physical therapy. The patient's work status is not provided. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section... This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. Per report 09/04/15, the patient presents with low back pain with pain radiating into the bilateral lower extremities. The patient also complains of aching pain in the right ankle. Physical examination revealed positive facet joint test bilaterally, and tenderness over the bilateral facet joint. The treater requested additional 8 in-office acupuncture sessions for the lumbar spine. Review of treatments notes indicate that the patient participated in 4 sessions between 06/16/15 and 06/25/15. On 06/25/15, the treater noted "clinical improvement with 4 sessions. She has increased balance (30%). Lumbar region also improved." In regard to the additional 8 sessions of acupuncture, evidence of functional improvement as defined by MTUS, has not been provided. MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. A 30% increase in balance would not constitute "functional" improvement. Given the lack of demonstrable functional gains obtained from previous acupuncture treatments, the request for additional sessions cannot be supported. The request IS NOT medically necessary.

## **Topical Cream: 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 current request is for Topical Cream. The RFA is dated 09/04/15. Treatment to date has included medications, acupuncture, and physical therapy. The patient's work status is not provided. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 has the following, 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per report 09/04/15, the patient presents with low back pain with pain radiating into the bilateral

lower extremities. The patient also complains of aching pain in the right ankle. Physical examination revealed positive facet joint test bilaterally, and tenderness over the bilateral facet joint. The treater requested a topical cream. A formulary form was provided in the medical file, which indicate that the requested compound prescription includes "Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5%." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine which is not supported for topical use in lotion/gel/cream form. In addition, both Gabapentin and Cyclobenzaprine are not supported in any topical formulation. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

### **Medrol Dose Pack #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for oral/parental steroids for low back pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack.

**Decision rationale:** The current request is for Medrol Dose Pack #1. The RFA is dated 09/04/15. Treatment to date has included medications, acupuncture, and physical therapy. The patient's work status is not provided. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) under Medrol Dose Pack - See Corticosteroids (oral/parenteral/IM for low back pain) states Medrol is "Not recommended" for chronic pain. The guidelines state that "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." Per report 09/04/15, the patient presents with low back pain with pain radiating into the bilateral lower extremities. The patient also complains of aching pain in the right ankle. Physical examination revealed positive facet joint test bilaterally, and tenderness over the bilateral facet joint. The treater requested a Medrol Dose Pak for the patient. ODG guidelines do support Medrol Dose Pak for acute radicular pain, provided several criteria are satisfied. In this case, there are subjective complaints of radiculopathy, however physical examination findings do not indicate neurological deficit in the lower extremities. Furthermore, guidelines specifically indicate that the use of Medrol Dose Pak is for patients in "acute" pain, and this patient suffers from chronic symptoms. Therefore, the request IS NOT medically necessary.