MAXIMUS Federal Services

Case Number:	CM15-0189269		
Date Assigned:	10/01/2015	Date of Injury:	03/09/2007
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California
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 49 year old male who sustained an industrial injury on 03-09-2007. Treatment to date has included medications, surgery, acupuncture, TENS unit, spinal cord stimulator (SCS), massage therapy and lumbar epidural steroid injection. According to a progress report dated 08-21-2015, the injured worker was seen for back pain radiating from the low back down the left leg. Pain level had increased since the last visit. Pain was rated 2 on a scale of 1-10 with medications and 7 without medications. Quality of sleep was "fair poor". Activity level remained the same. He underwent a spinal cord stimulator trial on 08-18-2015 with "excellent relief" of his left lower extremity pain and typical low back pain. Current medications included Nucynta, Nortriptyline, Miralax, Lidoderm 5% patch, Prevacid, Gralise and Trazodone. Medications tried and failed included Vicodin, Oxycodone, Fentanyl and "Butrin" patches. Diagnoses included lumbar radiculopathy, post-lumbar laminectomy syndrome, low back pain, hip bursitis and pain in joint lower leg. The provider noted that the injured worker had severe neuropathic foot pain secondary to radiculopathy. He reported severe interval increase in pain over the past month with associated severe radicular neuropathic pain with urination and defecation. The treatment plan included spinal cord stimulator implantation, Trazodone, Nucynta, Gralise, Lidoderm 5% patch, Nortriptyline, Prevacid, Miralax and acupuncture. The provider noted that Lidoderm 5% patch offered excellent symptomatic relief of lumbar skin hypersensitivity and lumbar myofascial pain. The injured worker reported that TENS was improving his typical pain and released his muscle spasm in his low back. The provider noted that acupuncture notes were reviewed and reported "excellent improvement" in range of motion

and decreased medication usage. Reference was made to an agreed medical evaluation report that stated that with acupuncture, the injured worker was able to cut back on his pain medication usage and was also able to improve activities. On 08-28-2015, Utilization Review non-certified the request for 6 sessions of acupuncture and Lidoderm 5% patch and authorized the request for permanent SCS implant, Trazodone, Nucynta, Gralise, Nortriptyline, Prevacid and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions: 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has received numerous sessions of acupuncture. The physician noted reduced use of pain medication with acupuncture. The progress notes from acupuncture and medication taper was not noted. The claimant was on the same dose of opioids for over a year. The request for acupuncture is an option but not a medical necessity.

Lidoderm 5% #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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.