

<b>Case Number:</b>	CM15-0200281		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/27/2000
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 74-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 27, 2000. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Lidoderm patches and 12 sessions of acupuncture. The claims administrator did issue a partial approval for 6 sessions of acupuncture, it was incidentally noted. A September 17, 2015 office visit and an associated September 18, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. The applicant had apparently received acupuncture on multiple dates in August 2015, including on August 8, 2015, August 10, 2015, August 12, 2015, and August 13, 2015, August 17, 2015, and August 19, 2015, it was reported on a handwritten acupuncture log. On August 25, 2015, the applicant was described as doing well from a mental health standpoint in terms of an improved. The applicant was asked to continue current medications and follow up in 3 months. The applicant's work status was not explicitly stated. The applicant's medications included Actos, Norco, Albuterol, Spiriva, etodolac, Xanax, Paxil, Metformin, Benazepril, Prilosec, Glipizide, aspirin, and Lopressor, the treating provider stated in one section of the note. On July 21, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was asked to continue Lidoderm patches, Mobic, and Norco. Permanent work restrictions were renewed. The applicant had received prior acupuncture, it was reported. The attending provider contended that the applicant's medications and acupuncture had proven beneficial. The applicant had an earlier failed cervical laminectomy surgery, it was suggested. The attending provider stated that the applicant was unable to do his own household chores, housekeeping, cleaning, and/or washing. The applicant developed

issues with sleep apnea, it was reported. The applicant's diabetes was uncontrolled with a most recent hemoglobin A1c of 8.2, the treating provider reported. The attending provider acknowledged in another section of the note the applicant's ability to sleep, work, exercise, concentrate, and have personal relations have been adversely impacted secondary to his pain complaints.

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

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

#### **Lidoderm patch 5% #90 with 4 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lidoderm: Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that topical lidocaine is indicated in the treatment of localized peripheral pain and/or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, a July 24, 2015 office visit, referenced above, made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's pain complaints were adversely impacting his ability to work, the treating provider reported on July 21, 2015. The applicant was having difficulty performing his own chores, cleaning, washing, and the like, the treating provider reported on that date. The applicant's pain complaints were adversely impacting his ability to sleep, work, exercise, and interact with others, the treating provider reported. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.

#### **Acupuncture 3 times a week for 4 weeks, quantity: 12 sessions: Upheld**

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

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

**Decision rationale:** Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. The treating provider reported on July 21, 2015 that the applicant had had prior acupuncture in unspecified amounts over the course of the claim. The applicant had received at least 6 acupuncture treatments in August 2015, it was further noted. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such demonstration of functional improvement as defined in section 9792.20e present here. The applicant remained off of work, it was reported on July 21, 2015. The applicant's ongoing pain complaints were adversely impacting his ability to sleep, work, exercise, concentrate, and interact with others, the treating provider reported. Receipt of prior acupuncture had failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.