

Case Number:	CM15-0200958		
Date Assigned:	10/16/2015	Date of Injury:	05/07/2014
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old male, who sustained an industrial injury on 05-07-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, myofascial pain, facet arthropathy, and possible lumbar radiculopathy. Medical records (06-12-2015 to 09-18-2015) indicate ongoing low back pain with radiating pain, numbness and tingling in the lower extremities (right greater than left). Pain levels were rated 5 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was able to return to modified work duties. The physical exam, dated 09-18-2015, revealed tenderness to palpation over the lumbar paraspinal musculature, and decreased sensation in the left lower extremity. Relevant treatments have included physical therapy (PT), acupuncture, which was helpful with pain, work restrictions, and pain medications. Current medications include Lidopro cream, naproxen and omeprazole. The request for authorization (09-18-2015) shows that the following treatments were requested: 10 additional acupuncture treatments for the lumbar spine, and Lidopro topical cream 121gm. The original utilization review (09-28-2015) partially approved the request for 10 additional acupuncture treatments for the lumbar spine (modified to 6 additional treatments), and non-certified Lidopro topical cream 121gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine 2 X 5 (additional): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling, improved sleep, and some stomach discomfort. There was no discussion suggesting the reason additional sessions would be of benefit or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ten additional acupuncture sessions for the lower back region done twice weekly for five weeks is not medically necessary.

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The LidoPro is a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%), and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 121g of LidoPro cream is not medically necessary.