

<b>Case Number:</b>	CM15-0216430		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 6, 2000. In Utilization Review report dated October 13, 2015, the claims administrator partially approved a request for 8 sessions of acupuncture as 4 sessions of the same, failed to approve a request for Lidoderm patches, and failed to approve a request for Norco. Relafen, however, was approved outright. Office visits and RFA forms of August 17, 2015 and October 8, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported ongoing issues with chronic knee pain. The applicant reported a recent flare in pain complaints. Highly variable 2/10 pain complaints with medications versus 9/10 pain without medications were reported. The attending provider then stated, somewhat incongruously, in another section of the report that the applicant's pain complaints were in the 7/10 range. The applicant was status post earlier left and right knee surgeries, the treating provider acknowledged. Eight sessions of acupuncture, Lidoderm patches, Norco, and Relafen were all seemingly endorsed. The applicant's work status was not clearly reported. The treating provider acknowledged that the request for acupuncture in fact represented a renewal or extension request for acupuncture. The treating provider stated that in the Work Status section of the note that the applicant was "under future medical benefits," making it somewhat unclear as to whether the applicant was or was not working. The treating provider seemingly framed the request for Norco as a renewal request for the same, as suggested in one section of the note, while another section of the note stated that Norco, Relafen, and Lidoderm had all been

prescribed and/or restarted on August 17, 2015. The treating provider stated toward the top of the note that the applicant had not been seen some 3 years. On an RFA form dated October 8, 2015, the treating provider apparently sought authorization for Lidoderm patches, 8 sessions of acupuncture, follow-up visits, Norco, and Relafen. The remainder of the file was surveyed. The information on file was relatively thin and sparsely developed. An earlier note of May 17, 2012 suggested that the applicant had returned to work on a full-time basis and was going to the gym 3-4 times weekly. The applicant was using Norco, Relafen, Prilosec, and Lidoderm patches as of this point, the treating provider suggested.

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

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

**Acupuncture, 8 session:** Upheld

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

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

**Decision rationale:** No, the request for 8 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture treatments can be employed for a wide variety of purposes, including the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3-6 treatments. Here, thus, the request for an 8-session course of acupuncture, thus, represented treatment in excess of MTUS parameters. The treating provider failed to furnish a rationale for a course of treatment beyond MTUS parameters. Therefore, the request was not medically necessary.

**Lidoderm 5% patches, Qty 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

**Decision rationale:** The request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 17, 2015 office visit at issue made no mention of the applicant's having neuropathic pain complaints or localized peripheral pain complaints present on the date in question, nor was there any mention of the applicant's having previously failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction of the Lidoderm patches at issue. Page 3 of the

MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by symptoms to include lancinating, electric shock-like, tingling, numbing, and burning sensations, i.e., such as which are not clearly reported here on August 17, 2015. On August 17, 2015, the applicant was described as having mechanical knee pain complaints associated with right knee arthritis, i.e., a condition not classically associated with neuropathic pain. Therefore, the request was not medically necessary.

**Norco 10/325 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids (Classification), Opioids, criteria for use, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain, as was reportedly present on or around the date in question, August 17, 2015. The treating provider contended that the applicant had developed a flare in pain complaints some 3 weeks prior. 7/10 pain complaints were reported on the date in question. Introduction of Norco was indicated to ameliorate the same. The request in question was framed as a request for introduction of Norco some 3 years after the applicant had last been seen in the clinic setting. The applicant apparently presented on August 17, 2015 reporting heightened pain complaints. A short, 30-tablet course of Norco was indicated to ameliorate the same. Therefore, the request was medically necessary.