

Case Number:	CM15-0040693		
Date Assigned:	03/10/2015	Date of Injury:	09/28/2007
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 69 year old female, who sustained an industrial injury on 9/28/2007. The details of the initial injury were not submitted for this review. The diagnoses have included radiculopathy, chronic pain syndrome, and low back pain. Treatment to date has included medication therapy, physical therapy, acupuncture, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the Injured Worker complains of severe pain rated 8-9/10 VAS without medication. The physical examination from 2/3/15 documented limited lumbar Range of Motion (ROM). The plan of care included topical medications, continuation of a home exercise program, a new request for acupuncture, and continued Transcutaneous Electrical Nerve Stimulation (TENS) use daily as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the Lumbar Spine 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The most recent progress note dated February 3, 2015 makes a request for additional acupuncture for the lumbar spine. Previous treatment has included acupuncture and there is no documentation of any functional improvement with the injured worker's previous treatment as recommended by the guidelines. Without justification to continue acupuncture, this request is not medically necessary.

Lidoderm 5% patch (700mg/patch), 3 patches to back daily as needed for pain #90 with 2 refills (Prescribed 2-3-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (p 112) states "Lidocaine Indication: Neuropathic pain 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). 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. The attached medical record does not indicate that there has been any benefit with traditional first-line medications for neuropathic pain. As such, this request for lidocaine patches is not medically necessary.

Voltaren 1% Gel, 1 tube (Prescribed 2-3-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Voltaren Gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 111-112.

Decision rationale: The California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured worker's diagnosis of low back pain and chronic pain syndrome, this request for Voltaren gel is not medically necessary.