

Case Number:	CM15-0043954		
Date Assigned:	03/13/2015	Date of Injury:	12/25/2013
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old female, who sustained an industrial injury on 12/25/2013. The mechanism of injury and initial complaint was not provided for review. Diagnoses include lumbar sprain/strain, lumbago and myalgia/myositis. Treatments to date include acupuncture, therapy, epidural steroid injection and medication. A progress note from the treating provider dated 2/18/2015 indicates the injured worker reported pain in the lumbar spine and left leg numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with low back pain. The request is for LIDOPRO TIMES 2. Patient's diagnosis per Request for Authorization form dated 09/14/14 includes lumbar myelopathy, lumbar radiculopathy, and lumbar sprain. Treatments to date include acupuncture, therapy, epidural steroid injection and medication. Patient is status post lumbar epidural steroid injection 01/16/15 with greater than 50% relief. Patient's medications include Flexeril, Diclofenac, Neurontin, Omeprazole, Voltaren, and Mentherm gel. Patient is working modified duty, per treater report dated 02/18/15. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Per progress report dated 02/18/15, treater is requesting "Lidopro for numbness of the left leg." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. Therefore, the request IS NOT medically necessary.

Additional acupuncture 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 02/18/15 progress report provided by treating physician, the patient presents with low back pain. The request is for ADDITIONAL ACUPUNCTURE 2 TIMES 4. Patient's diagnosis per Request for Authorization form dated 09/14/14 includes lumbar myelopathy, lumbar radiculopathy, and lumbar sprain. Treatments to date include acupuncture, physical therapy, epidural steroid injection and medication. Patient is status post lumbar epidural steroid injection 01/16/15 with greater than 50% relief. Patient's medications include Flexeril, Diclofenac, Neurontin, Omeprazole, Voltaren, and Mentherm gel. Patient is working modified duty, per treater report dated 02/18/15. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 02/18/15, treater is requesting "Additional acupuncture." Acupuncture is included in treatment plan of progress report dated 09/04/14. Precise treatment history has not been provided. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. MTUS recommends 1-2 months of treatments when functional improvement has been documented. Additional acupuncture cannot be warranted without required documentation.

Furthermore, the request for 8 sessions would exceed what is allowed by guidelines. Therefore, the request IS NOT medically necessary.