MAXIMUS Federal Services

Case Number:	CM15-0056405		
Date Assigned:	04/01/2015	Date of Injury:	08/13/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 35 year old female, who sustained an industrial injury on 8/13/2013. The current diagnoses are lumbosacral/joint/ligament sprain/strain, intervertebral disc disease, lumbar facet syndrome, and discogenic syndrome. According to the progress report dated 1/14/2015, the injured worker complains of low back pain and left sciatica. The pain is rated 7-8/10 on a subjective pain scale. Additionally, she reports gastrointestinal upset with non-steroidal anti-inflammatory medications. Treatment to date has included medication management, X-rays, MRI, physical therapy, acupuncture, and lumbar epidural steroid injection. With the injection, she reports 50% relief for approximately 6 weeks. The plan of care includes 4 additional acupuncture treatments, Gabapentin, and Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment x 4 sessions, DOS: 1/14/15: 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: The patient presents with low back and left buttock pain rated at 7-8/10. The request is for ACUPUNCTURE TREATMENT X4 SESSIONS DOS: 1/14/15. The request for authorization is dated 01/14/15. The patient is status-post lumbar epidural steroid injection, date unspecified, with 50% relief for approximately 6 weeks. EMG of the lower extremity, 03/19/14, shows electrodiagnostic evidence that would be most consistent with a left-sided lumbar radiculopathy. Range of motion of the lumbar spine is limited. Patient has had multiple conservative treatment modalities and diagnostics including physical therapy, chiropractic, acupuncture, pharmacologic pain management, physiotherapy modalities, lumbar epidural steroid injection and MRIs. Patient's medications include Gabapentin, Cyclobenzaprine, Naproxen and Omeprazole. The patient is not working. 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)." Treater does not discuss the request. In this case, it appears the treater is initiating a trial of acupuncture for the patient's symptoms. Review of provided medical records does not indicate the patient previously receiving any acupuncture treatments. Given patient's condition, a trial of acupuncture would be indicated by MTUS guidelines. However, the request for 18 sessions exceeds what is allowed by MTUS for a trial of acupuncture. Therefore, the request IS NOT medically necessary. Treater does not discuss the request. Review of provided acupuncture reports show the patient already having trialed prior sessions. Given patient's condition, additional sessions of acupuncture would be indicated by guidelines. In this case, 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, prior to extending additional treatments. However, there is no discussion of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

Lidopro cream 121gm, DOS: 1/14/15: Upheld

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

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

Decision rationale: The patient presents with low back and left buttock pain rated at 7-8/10. The request is for LIDOPRO CREAM 121GM, DOS 1/14/15. The request for authorization is dated 01/14/15. The patient is status-post lumbar epidural steroid injection, date unspecified, with 50% relief for approximately 6 weeks. EMG of the lower extremity, 03/19/14, shows electrodiagnostic evidence that would be most consistent with a left-sided lumbar radiculopathy. Range of motion of the lumbar spine is limited. Patient has had multiple conservative treatment modalities and diagnostics including physical therapy, chiropractic, acupuncture, pharmacologic

pain management, physiotherapy modalities, lumbar epidural steroid injection and MRIs. Patient's medications include Gabapentin, Cyclobenzaprine, Naproxen and Omeprazole. The patient is not working. The 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, 01/14/15, treater's reason for the request is "Alternative to NSAIDS. Pt. gets GI upset w/ NSAIDS." The patient continues with low back pain. However, 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 per MTUS. Therefore, the request IS NOT medically necessary.