MAXIMUS Federal Services

| Case Number: | CM15-0084369 | | |
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| Date Assigned: | 05/06/2015 | Date of Injury: | 10/31/2012 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

## 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: Emergency 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 57 year old male, who sustained an industrial injury on October 31, 2012, incurring back and head injuries after falling ten feet onto concrete. He was diagnosed with cervical, lumbar and thoracic sprain, lumbar spondylosis with radiculopathy, bilateral cervicobrachial syndrome and depression. Treatment included physical therapy, acupuncture chiropractic sessions, muscle relaxants, anti-inflammatory drugs, neuropathic drugs, topical pain agents, pain management and Cognitive Behavioral Therapy. Currently, the injured worker complained of low back pain, numbness and tingling radiating down into the lower extremities, made worse with lifting, stooping, repetitive bending and twisting. He complained of vision problems with constant neck pain. The injured worker continued to work full duty. The treatment plan that was requested for authorization included acupuncture for the cervical and lumbar spine and a prescription for Lidopro.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 times a week for the cervical and lumbar spine, QTY: 8:** Upheld

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

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

**Decision rationale:** The requested Acupuncture, 2 times a week for the cervical and lumbar spine, QTY: 8, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has low back pain, numbness and tingling radiating down into the lower extremities, made worse with lifting, stooping, repetitive bending and twisting. He complained of vision problems with constant neck pain. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture, 2 times a week for the cervical and lumbar spine, QTY: 8 is not medically necessary.

**Lidopro 4% 121g, QTY: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111, 112.

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

**Decision rationale:** The requested Lidopro 4% 121g, QTY: 2, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has low back pain, numbness and tingling radiating down into the lower extremities, made worse with lifting, stooping, repetitive bending and twisting. He complained of vision problems with constant neck pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro 4% 121g, QTY: 2 is not medically necessary.