MAXIMUS Federal Services

Case Number:	CM15-0086826		
Date Assigned:	05/11/2015	Date of Injury:	02/19/2001
Decision Date:	06/12/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 55-year-old male, with a reported date of injury of 02/19/2001. The diagnoses include chronic pain, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, status post lumbar spine fusion, and insomnia. Treatments to date have included an MRI of the cervical spine on 03/16/2010; MRIs of the lumbar spine; a computerized tomography (CT) scan of the lumbar spine; oral pain medications; topical pain medications; bilateral lumbar facet medial nerve radiofrequency rhizotomy; and acupuncture. The pain medicine re-evaluation dated 02/10/2015 indicates that the injured worker presented for a pain medicine follow-up visit and re-examination. He complained of neck pain with radiation down the bilateral upper extremities, thoracic back pain, low back pain that radiated down the bilateral lower extremities, upper extremity pain, lower extremity pain, abdominal pain, groin pain, and ongoing headaches. The pain was rated 8 out of 10 on average with medications since the last visit; and rated 10 out of 10 on average without medications since the last visit. The injured worker's pain was reported as worsened since his last visit. He reported gastroesophageal reflux disease (GERD) related, and medication associated gastrointestinal upset. The injured worker reported ongoing activity of daily living limitations. The physical examination showed spinal vertebral tenderness noted in the cervical spine; moderate to severely limited cervical range of motion due to pain; pain increased with range of motion of the cervical spine; decreased sensation in the bilateral upper extremities and the affected dermatome in C5-7; tenderness to palpation in the bilateral paravertebral area in the lumbar spine; decreased lumbar spine range of motion; significantly increased pain with lumbar range of motion; and bilateral facet signs in the

lumbar spine. The treating physician requested four acupuncture sessions, Lidoderm patches 5% #30, and Capsaicin 0.025% cream #60. It was noted that the acupuncture was very helpful, relieved spasm, decreased pain and headache, increased circulation, mobility, and increased breathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case the claimant has completed 12 sessions of acupuncture without substantial improvement in symptoms. As such, the further use of acupuncture is not medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore the use of Lidoderm is not medically necessary.

Capsaicin 0.025% cream #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. Capsaicin is indicated only as an option in those who have not responded to or are intolerant to other treatments. There is no documentation in this case of failure of other first and second line options. Capsaicin cream is not medically necessary.