

Case Number:	CM14-0128590		
Date Assigned:	09/05/2014	Date of Injury:	01/27/2012
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 59 year old female who was injured on 1/27/2012. She was diagnosed with ankle sprain, ankle instability, fibromyalgia, osteoarthritis, paresthesia of lower extremity, and shoulder sprain/strain with SLAP (Superior labral anteroposterior) tear. She was treated with acupuncture (8 sessions), orthotics, physical therapy, chiropractor treatments, injections, and oral medications. However, she continued to experience chronic ankle pain. Following her recent sessions of acupuncture, she did not experience any improvement in her rated pain score (7-8/10 on the pain scale before and after treatment). Soon afterwards, on 7/29/14, the worker was seen by her primary treating physician to request more acupuncture treatments. She then reported her right ankle pain at 4-5/10 on the pain scale. She reported not working at the time. Physical examination of the right ankle revealed walking with a limp, normal range of motion, tenderness over anterior region, no swelling, normal sensation, and normal strength. She was recommended 8 more sessions of acupuncture over 3 months as well as refill of her Celebrex and Ambien. She was also prescribed Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture visits, 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 MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, she experienced what seemed to be a small improvement in her reported pain after her first 4 sessions of acupuncture, but then following the second 4 sessions, she reported no change in her pain level, suggesting that the treatments were not helping her anymore. Continuing acupuncture seems medically unnecessary due to lack of evidence for significant functional and pain-reducing benefit.

Lidoderm 5%, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Topical analgesics Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, and according to the notes available for review, it seems the worker had not been using this medication before this request, at least not on a regular basis. If the request was to use this medication for her chronic ankle sprain/instability pain, this is an inappropriate use of this medication as she does not have clear neuropathic pain there. Without evidence of having significant and clear evidence of neuropathic pain and evidence of having failed oral first-line therapies, the lidocaine is not medically necessary.