

<b>Case Number:</b>	CM14-0143367		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Practice and is licensed to practice in Texas. 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 injured worker is a 64-year-old female who reported an injury on 11/07/2011. On the date of injury, she twisted her low back while lifting some boxes and ended up having low back and neck pain. The injured worker's treatment history included physical therapy sessions, acupuncture sessions, x-ray of the lumbar spine, EMG/NCV studies, and medications. The injured worker was evaluated on 08/13/2014 and it is documented that the injured worker complained of chronic low back pain and neck pain. Neck pain radiated into the shoulders and the back, pain into the left lower extremity. Upon examination, there was tenderness in the cervical spine from C5 through C7, worse on the left. There was moderate pain upon forward flexion, left lateral flexion referring to the right, and slight pain upon bilateral lateral rotation. For the lumbar spine, Kemp's test was positive on the left with referral into the left lower extremity. There was tenderness from L4 to L5, worse on the left. Seated straight leg raise test was to 90 degrees bilaterally with referral into the left lower extremity. Range of motion was full in all directions with moderate pain upon flexion, extension with referral to the left foot, and left lateral flexion referring to the left side. The injured worker had attended 6 sessions of acupuncture. The last 1 was completed a week ago and was beneficial. Acupuncture has helped decreased spasticity and allow for an improvement in the quality of walking as well as endurance. The symptoms continue to increase with ascending or descending stairs and with prolonged sitting and standing. The pain was currently persistent. Diagnostic studies included cervical strain, lumbar facet arthralgia, and left L4-5 radiculopathy. Medications included Lidocaine 5% patch, Tylenol #2, and Omeprazole 20 mg. The request for authorization dated 08/13/2014 was for Lidocaine 5% patch, Tylenol #2, Omeprazole 20 mg, and acupuncture sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, heat, (illegible) - unspecified frequency and duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary last updated 08/04/2014

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

**Decision rationale:** The request for acupuncture, heat, (illegible) -unspecified frequency and duration is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the records submitted indicated the injured worker has received 6 acupuncture sessions. However, the provider failed to indicate long-term goals. The request failed to indicate quantity, frequency, duration and location where acupuncture treatment is required for the injured worker. Given the above, the request for acupuncture is not medically necessary.

**Lidocaine 5% patch (12 hours on/12 hours off), #90 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post-herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. Given the above, the request for Lidoderm (lidocaine patch 5%) 12 hours on/12 hours off, #90 with 6 refills is not medically necessary.

**Tylenol #2 (1 by mouth twice a day) #60 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 07/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The request is not medically necessary. Prilosec/Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate the injured worker having gastrointestinal events. There was lack of documentation of conservative care outcome measurements such as home exercise regimen. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20 mg (twice a day) # 60 with 6 refills is not medically necessary.

**Omeprazole 20mg (twice a day) #60 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 07/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

**Decision rationale:** The requested service is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by- case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. In, this case the injured worker has chronic lower back and neck pain. However, there was no documentation of the efficacy with prior use such as VAS scores before and after medication administration. As, such the request for Tylenol #2(1bymouth twice a day) #60 with 4 refills is not medically necessary.