

<b>Case Number:</b>	CM14-0144923		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Arizona. 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 patient is a 49 year old male with a date of injury on 4/19/2010. Subjective complaints are of persistent low back pain rated at 6/10. Physical exam shows decreased lumbar range of motion, and tenderness and hyper tonicity of the paraspinal muscles. There is decreased strength and sensation on the left at L4-S1. Medications include Norco, and Soma, and Diclofenac/Lidocaine Cream. Prior utilization review certified 4 sessions of acupuncture to assess for functional improvement before completing the 8 requested sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture visits:** Upheld

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

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

**Decision rationale:** CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented, with "functional improvement" meaning a significant

increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture is not identified in the records, and patient has been certified for an initial trial of 4 acupuncture visits. Therefore, the request for 8 acupuncture sessions exceeds guideline recommendations, and the medical necessity is not established at this time.

**1 prescription for Soma 350mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL Page(s): 29.

**Decision rationale:** CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used Carisoprodol chronically, which is not consistent with current guidelines. Therefore, the use of Carisoprodol is not medically necessary.

**1 prescription for Diclofenac/Lidocaine 3%/5%, 180 gm: Upheld**

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

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

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Diclofenac and Lidocaine. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated. Therefore, this compounded medication does not meet current use guidelines, and the medical necessity is not established.