

Case Number:	CM14-0147924		
Date Assigned:	09/15/2014	Date of Injury:	03/12/2000
Decision Date:	11/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient's age was unspecified with a date of injury of 03/12/00. A progress report associated with the request for services, dated 08/04/14, identified subjective complaints of left knee pain. Objective findings included tenderness to palpation as well as mild swelling and decreased range of motion of the left knee. Diagnoses (paraphrased) included medial and lateral meniscus tears; and tricompartmental chondromalacia. Treatment had included left knee arthroscopy as well as injections. She had a remote history of acupuncture with almost complete relief of symptoms for years, as well as an unspecified number of recent sessions. She was noted to be intolerant of previous oral medical therapy. A Utilization Review determination was rendered on 08/12/14 recommending non-certification of "Acupuncture 12 Visits for Left Knee and Lidoderm Patches 5% #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 Visits for Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that 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 frequency and duration of acupuncture is listed as: - Time to produce functional improvement: 3 to 6 treatments.- Frequency: 1 to 3 times per week.- Optimum duration: 1 to 2 months.It is noted that acupuncture treatments may be extended if functional improvement is documented.In this case, the duration of recent acupuncture was not specified. Also, the medical record does not document specific functional improvement to extend the treatments. Therefore, Acupuncture 12 Visits for Left Knee is not medically necessary.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia."The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use:- Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology;- There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica);- This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints;- An attempt to determine a neuropathic component of pain should be made;- The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day);- A trial of patch treatment is recommended for a short-term period;- Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.Therefore, in this case, Lidoderm Patches 5% #30 is not medically necessary.