

<b>Case Number:</b>	CM14-0165383		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 56 years old female who was injured on 11/22/2011. Prior medication history included cyclobenzaprine, Vibryd, Bupropion q. am and Zyprexa. Prior treatment history has included 6 sessions of acupuncture treatments, 12 chiropractic treatments, and 6 physical therapy sessions but there is not documentation of their outcome. According to the UR, the patient was seen on 08/28/2014 with complaints of low back pain rated as a 5/10 with radiation to his hip only. He does have weakness as well. He noted that the pain is worse and is mild to moderate in nature. There are no reports providing any change in the patient's symptoms or his response to conservative treatment. He has tried home exercise program but has failed in the past. The patient was recommended for acupuncture treatment and a topical analgesic. Prior utilization review dated 09/17/2014 states the request for Acupuncture treatment twice a week for three weeks for the lumbar spine is denied as there is no documented evidence of functional improvement from previous sessions; 1 Prescription request for Cyclo-kefo-lido cream 240gm #1 with 1 refill is denied as there is no documentation of failed first line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment twice a week for three weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the CA Acupuncture MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines recommend a trial period of 3 to 6 treatments. The supporting documentation indicated that six sessions have been completed however, there is no sustainable improvement in pain or function to support the necessity of this treatment. Therefore, this request is not medically necessary.

**1 Prescription request for Cyclo-kefo-lido cream 240gm #1 with 1 refill:** 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:** Based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is recommended for short term use, and there are no long-term studies of their effectiveness or safety. There is no supporting documentation indicating any failed trials of antidepressants and anticonvulsants or oral pain medications. Furthermore, Ketoprofen is not currently FDA approved for topical application therefore, this request is not medically necessary.