

<b>Case Number:</b>	CM14-0170851		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, arm, knee, and shoulder pain reportedly associated with a trip and fall industrial injury of September 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of massage therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; earlier knee arthroscopy; and topical agents. In a Utilization Review Report dated September 30, 2014, the claims administrator approved a request for naproxen while denying Lidoderm patches and acupuncture. The applicant's attorney subsequently appealed. In a September 15, 2014 office visit, the applicant reported ongoing complaints of neck, back, and arm pain. The applicant was apparently taking mathematics classes. The applicant had received prior acupuncture, it was acknowledged. The applicant was using naproxen, Fexmid, Lexapro, and Protonix. Diminished range of motion was noted about multiple body parts. Additional acupuncture, naproxen, and Lidoderm were sought. The applicant's work status was not clearly stated. In an earlier note dated August 8, 2014, it was acknowledged that the applicant was not working. It was then stated that the applicant was trying to take classes to enter a new career. The applicant remained depressed and was using naproxen, Protonix, Lexapro, and Flexeril, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% (boxes) QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57. Decision based on Non-MTUS Citation ODG-TWC Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line antidepressants and/or anticonvulsants, in this case, however, there is no evidence of first-line antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to introduction and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Acupuncture QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck and Upper Back (Acute & Chronic), Acupuncture

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

**Decision rationale:** The request in question does represent renewal request for acupuncture. As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section MTUS 9792.20f. In this case, however, there has been no concrete evidence of functional improvement as defined in MTUS despite unspecified amounts of acupuncture over the course of the claim, including in 2014. The applicant has seemingly failed to return to work. Ongoing usage of acupuncture has failed to curtail the applicant's dependence on analgesic medications such as naproxen and Flexeril. All of the foregoing, taken together, suggests a lack of functional improvement as defined MTUS, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.