

Case Number:	CM14-0045551		
Date Assigned:	06/27/2014	Date of Injury:	03/05/2009
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty 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 patient is a 50 year old female who was injured on 03/05/2009 due to lifting a heavy patient. Prior treatment history has included Fioricet, ibuprofen, promethazine, nabumetone, and Lidoderm patch. Diagnostic studies reviewed include EMG/NCV dated 02/20/2014 revealed the patient still has persistent bilateral medial neuropathy of carpal tunnel syndrome of moderate intensity. A QME report dated 02/20/2014 states the patient continues to experience neck pain as well as bilateral upper extremity pain. She reports numbness and tingling sensation in her bilateral upper extremities as well as her hands. She has neck pain and stiffness as well as headache and feels depression at times. On exam, she has near full range of motion of bilateral upper extremities. The patient has deep tendon reflexes are 2/2 in all muscle planes. She has positive Tinel's and Phalen's tests are the bilateral wrists and hands. There is local tenderness in her wrists and shoulders as well as cervical and lumbosacral paraspinal musculature. She has decreased cervical and lumbosacral range of motion and tenderness to palpation in the region. Diagnoses are repetitive strain injury, myofascial pain syndrome, cervical sprain/strain, lumbosacral sprain/strain, bilateral median neuropathy of carpal tunnel syndrome of moderate intensity, bilateral shoulder sprain /strain injury and multilevel cervical spondylosis. The treatment and plan included acupuncture, TENS unit, trigger point injection, and myofascial release. A prior utilization review dated 02/28/2014 states the request for a trial of lidocaine (90) is not authorized as there is no documentation of previous first line therapies. The request for 12 sessions acupuncture treatments is partially certified. A trial of up to 6 sessions of acupuncture treatments is recommended for upper extremity conditions with clear documentation of objective improvement, additional treatment may be warranted. Therefore the request is modified to 6 sessions of acupuncture 2x3. A March 17, 2014 Progress report indicated that the patient continued to have pain. She had not yet had the initiation of the acupuncture. She had been

deriving some benefit from the Lidoderm patches. She continued to have benefit from the NSAIDs and from use of the TENS unit. The following diagnoses were listed 1) Bilateral carpal tunnel syndrome 2) Right ulnar neuropathy at the elbow 3) myofascial pain. The plan was to await the result of acupuncture. Continue TENS unit use, consider surgical intervention for CTS, request authorization for aquatic therapy, continue medication regimen. An April, 3, 2014- note by the treating physician concurred with the decision of the UR dated 02/28/2014 with the following statement I believe that she should have 6 sessions of acupuncture, the aquatic therapy for 12 sessions, and the Lidoderm patches. The acupuncture is appropriate by CA MTUS guidelines, for a trial of 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatments QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy & Manipulation Page(s): 58-60.

Decision rationale: Per the CA Medical Treatment Utilization Schedule (MTUS) 2009: Acupuncture Medical Treatment Guidelines, Acupuncture is recommended for Neck and Upper Back Complaints; Elbow Complaints; Forearm, Wrist, and Hand Complaints; Low Back Complaints; Knee Complaints; Ankle and foot Complaints; and Pain, Suffering, and the Restoration of Function. Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented. 04/03/14, A note by the treating physician concurred with the decision of the UR dated 02/28/2014 with the following statement I believe that she should have 6 sessions of acupuncture, the aquatic therapy for 12 sessions, and the Lidoderm patches. The acupuncture is appropriate by CA MTUS guidelines, for a trial of 6 sessions. Hence, a trial of up to 6 Acupuncture treatments is recommended for upper extremity musculoskeletal conditions. With clear documentation of objective functional improvements, additional treatments may be warranted.

1-Trial Lidocaine 5% patches QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 56-57. Decision based on Non-MTUS Citation Per the Work Loss Data Institute, Official Disability Guidelines-Treatment for Workman's Compensation, 11th Ed., 2013, Pain Chapter (9/15/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, 11th edition, 2013

Decision rationale: Per the CA Medical treatment Utilization Schedule 2009: Chronic Pain Medical Treatment Guidelines, p. 111, topical analgesics are Recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. P.112, Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Per ODG: Lidocaine is Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri- cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Review of the medical records does not support a documentation of previous trials of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Therefore a trial of Lidocaine patches are not supported.