

Case Number:	CM14-0217631		
Date Assigned:	01/07/2015	Date of Injury:	11/11/2013
Decision Date:	03/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old female with a date of injury as 11/11/2013. The cause of the injury was related to a fall. The current diagnoses include cervical sprain, complaints of headaches, and lumbosacral spine sprain. Previous treatments include oral and topical medications, acupuncture, physical therapy, and home exercise program. Multiple primary treating physician's reports, physical therapy progress note, work status updates, and MRI report of the cervical, thoracic, and lumbar spine were included in the documentation submitted for review. Report dated 11/18/2014 noted that the injured worker presented with complaints that included low back pain with radiation to the left hip and buttocks. Physical examination revealed tenderness in the sacroiliac joint, decreased range of motion the lumbar spine and cervical spine. The physician documented that the injured worker had completed 6 visits of acupuncture with improvement of pain symptoms. The injured worker's current medication regimen includes Tramadol and lidocaine patch, which the physician documented helps to relieve pain. Documentation did not include any prior acupuncture notes evaluating the injured worker's progression with the use of acupuncture. According to the reports provided the injured worker has been using the Lidoderm patch since 07/07/2014, but there was no evaluation of the functional improvements with the use of this medication. The injured worker is on modified work restrictions. The utilization review performed on 12/02/2014 non-certified a prescription for acupuncture and Lidoderm patch based on lack of documentation to support functional improvement and no documentation of neuropathic etiology or failure of first-line neuropathy medications. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment time 6 (neck and Low Back): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with complains of low back pain radiating to the left hip and buttocks. The request is for acupuncture treatment x 6, neck and low back. Cervical Spine MRI dated 03/03/14 revealed mild loss of disc signal throughout the cervical spine, and minimal endplate spondylic ridging at C3-C4. Lumbar Spine MRI dated 03/03/14 revealed mild loss of signal at T12-L1 with minimal bulging slightly greater on the right at L2-L3, and L3-L4. Patients medications per 11/18/14 progress report include Tramadol and Lidoderm Patch. Per 05/05/14 progress report, patient has received 19 physical therapy sessions with improvement in her symptoms. Patient may return to modified work. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 11/18/14, patient has completed 6 acupuncture treatment sessions with improvement in her pain symptoms. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. Treater has documented change in work status, as patient "may return to modified work." However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request is not medically necessary.

Retrospective, Lidoderm 5%, #30 times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain chapter, lidoderm

Decision rationale: The patient presents with low back pain radiating to the left hip and buttocks. The request is for retrospective review medication lidoderm 5% # 30 X 2. Cervical Spine MRI dated 03/03/14 revealed mild loss of disc signal throughout the cervical spine, and minimal endplate spondylic ridging at C3-C4. Lumbar Spine MRI dated 03/03/14 revealed mild loss of signal at T12-L1 with minimal bulging slightly greater on the right at L2-L3, and L3-L4. Per 05/05/14 progress report, patient has received 19 physical therapy sessions with

improvement in her symptoms. Per progress report dated 11/18/14, patient has completed 6 acupuncture treatment sessions with improvement in her pain symptoms. Patient's medications per 11/18/14 progress report include Tramadol and Lidoderm Patch. Patient may return to modified work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request, nor indicated what body part would be treated. Patient has been prescribed Lidoderm 5% Patch from 07/07/14 and 11/18/14. MTUS requires documentation of pain and function, and there is no documentation of medication efficacy. Furthermore, the patient does not present with localized, peripheral neuropathic pain, for which this medication is indicated. Therefore the request is not medically necessary.