

<b>Case Number:</b>	CM15-0008210		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Arizona  
 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 65-year-old male who reported injury on 04/08/2014. The mechanism of injury was the injured worker was exiting his truck and missed a step and fell completely onto the ground in a seated position. The injured worker was 3 to 4 feet off the ground when he fell. The injured worker was noted to be treated with medications and aquatic therapy. Additional treatments included acupuncture. The injured worker underwent an MRI of the lumbar spine. The physical examination dated 09/07/2014 revealed the injured worker had a chief complaint of persistent low back pain. The injured worker was noted to have been attending acupuncture therapy and indicated he had some benefit. The physical examination revealed the injured worker had a toe walk that was abnormal on the left, heel walk was abnormal on the left. There was tenderness in the paraspinous musculature of the lumbar region. There was midline tenderness in the lumbar spine. The injured worker had a positive muscle spasm of the lumbar spine. The bilateral paraspinous and lumbosacral fascial area had significant triggers. There was decreased range of motion and spasms. Sensation test revealed decreased sensation at L3-4, L4-5, and L5-S1 on the left. The injured worker's deep tendon reflexes on the left were 1/2 in the knee and ankle. The injured worker's motor examination was 4 in the quadriceps, and plantar flexor, and 4 on the toe extensor. The injured worker had left sacroiliac tenderness on compression. The Waddell signs were negative. The sciatic nerve compression test was positive on the left. The straight leg raise was positive at 50 degrees to 60 degrees in the supine and seated positions on the left. The diagnoses included spinal contusion, spinal discopathy with left sided radiculopathy, and left knee internal derangement with arthrosis. The treatment plan

included 8 visits of acupuncture and the injured worker had sufficient medications. The treatment plan included continuing with acupuncture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4 boxes of Flector patches 1.3%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating objective functional benefit received with the medications. The body part to be treated was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 4 boxes of Flector patches 1.3% is not medically necessary.

#### **8 additional acupuncture sessions: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend acupuncture when pain medications are reduced or not tolerated, and acupuncture treatments may be extended if functional improvement is documented which includes either a clinical significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide documentation of the above criteria. The quantity of sessions that had been attended were not provided. The request as submitted failed to indicate the body part to be treated with the additional acupuncture sessions. Given the above, the request for 8 additional acupuncture sessions is not medically necessary.

