

Case Number:	CM15-0015536		
Date Assigned:	02/04/2015	Date of Injury:	12/25/2013
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old female who sustained an industrial injury on 12/25/13 injuring her left knee. Currently she is experiencing pain in the left knee and she also has right knee pain that was the result of an injury in 2010. She uses a cane for ambulation and her pain level is 5-7/10. Current medications include none as she is allergic to the prior medications she was on. Diagnoses include degenerative arthritis of the left knee; left knee medial and lateral meniscal tears with mild to moderate degenerative joint disease; status post right knee lateral meniscectomy probable meniscus tear of the left knee; depression; multiple allergies and sleep disturbances. Treatments to date are physical therapy which was put on hold at injured workers request on 7/30/14 and were not helpful, activity and work modification, electro stimulation, home exercise program, anti-inflammatory and pain medications and cortisone injection. She is currently awaiting authorization for right knee surgery as this is more symptomatic than the left. Diagnostics include x-ray of the left knee showing spurring in the lateral joint and an MRI. In the progress note dated 11/25/14 the treating provider orders desiprimine to alleviate the burning pain around the knee (she is allergic to multiple medications that were tried) in addition acupuncture was requested since she is having significant difficulty tolerating many medications. On 12/30 14 Utilization Review non-certified the requests for Acupuncture 1-2 X a week for 6 weeks, eval, heat, acupuncture and desipramine 25 mg # 60 X 4 citing MTUS: Acupuncture Guidelines; ODG: Neck: Acupuncture and MTUS Chronic Pain Medical Treatment Guidelines respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times a week for 6 weeks. Eval, Heat, Acup: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, online version, Neck Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)". Although acupuncture could be used to treat the patient pain condition, however Acupuncture, 6 to 12 sessions, for the cervical and thoracic spine and bilateral shoulders cannot be approved without documentation of its efficacy during the first 3 to 4 sessions.

Desipramine 25mg #60 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Page(s): 122.

Decision rationale: Desipramine is an oral antidepressant, a member of the tricyclic antidepressant. According to ODG guidelines, Tricyclic "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. See Antidepressants for chronic pain for general guidelines, as well as specific Tricyclics listing for more information and references". There is no documentation that the patient developed neuropathic pain and the request for Desipramine is not justified. Therefore the request is not medically necessary.

