MAXIMUS Federal Services

Case Number:	CM15-0121660		
Date Assigned:	07/02/2015	Date of Injury:	06/10/2004
Decision Date:	09/01/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 York
Certification(s)/Specialty: Pediatrics, Internal 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 54-year-old female, who sustained an industrial injury on 06/10/2004. She reported that she slipped and fell on wires, struggling to untangle, she injured her back and left ankle. Treatment to date has included topical and oral medications, lumbar epidural injections, chiropractic care, TENS unit, cortisone injections and a home exercise program. According to a progress report dated 05/20/2015, the injured worker continued to have low back pain and bilateral knee pain, that was constant sharp and achy with frequent cramps. Low back pain radiated down to the bilateral foot. She walked regularly, but it was not easy due to swelling and pain of her back, feet and knees. She had not been in the clinic for a long time and she was using regular Motrin for pain relief. Gabapentin had not been well tolerated due to dizziness and drowsiness. Diagnoses included lumbar sprain/strain and knee pain. The treatment plan included Naproxen, Omeprazole, Lidopro ointment, restart Gabapentin and acupuncture x 6 lumbar and knee for swelling and rehab. Aqua therapy had been requested for lumbar and knee due to severe osteoarthritis causing difficulty with aerobic exercises. Currently under review is the request for Lidopro ointment/cream 121 gm and acupuncture times six (x6) to lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIdopro ointment/cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Lidopro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. In this case, the requested compound treatment contains lidocaine in the unapproved form. In addition, although the provider noted that Gabapentin previously had not been well tolerated due to dizziness and drowsiness, he was restarting her on the medication. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.

Acupuncture times six (x6) to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state 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. 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. Time to produce function improvement is 3 to 6 visits. Frequency is 1 to 3 times per week. Optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, pain medications were not being reduced. The injured worker was being restarted on Gabapentin and continued to take a non-steroidal anti-inflammatory drug. The medical necessity for acupuncture has not been established. The requested treatment is not medically necessary.