

Case Number:	CM15-0127545		
Date Assigned:	07/14/2015	Date of Injury:	03/12/2012
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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, Indiana, New York
Certification(s)/Specialty: 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 48 year old female who sustained an industrial injury on 03/12/12. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, and an ergonomic evaluation. Diagnostic studies are not addressed. Current complaints include right sided neck pain down to the right hand. Current diagnoses include myofascial pain, cervical sprain, bilateral lateral epicondylitis, and bilateral shoulder sprain. In a progress note dated 06/03/15 the treating provider reports the plan of care as medications including Lenza patch, Neurontin, acupuncture and physical therapy, as well as continued home exercise program. The requested treatments include acupuncture, Neurontin, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are myofascial pain; cervical sprain; rule out carpal tunnel syndrome; bilateral lateral epicondylitis; and bilateral shoulder sprain. The date of injury is March 12, 2012. The request for authorization is dated June 8, 2015. Neurontin 100 mg appears in the January 7, 2015 progress note. In a February 4, 2015 progress note Neurontin was refilled and Lidoderm 5% was started. According to the May 6, 2015 progress note, the injured worker received acupuncture. The acupuncture helps. The total number of acupuncture sessions are not documented in the medical record. There is no documentation demonstrating objective functional improvement. According to the June 3, 2015 progress note, subjectively the injured worker complained of right neck pain that radiates to the shoulder. The pain score was 8/10. Objectively, there was tenderness to palpation over the trapezius and paraspinal muscle groups of the cervical spine. There was tenderness over the bilateral epicondyles (elbow). The treatment plan contained a request to renew Lanza patches. This patch contains lidocaine 4% and menthol 1%. There is no discussion or rationale for continuing Lidoderm 5% in the June 3, 2015 progress note. The guidelines recommend a 3-4 visit clinical trial. With evidence of objective functional improvement a total of 8 to 12 acupuncture visits may be indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement from acupuncture rendered, (additional) acupuncture two times per week times four weeks is not medically necessary.

Neurontin 100 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 100mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are myofascial pain; cervical sprain; rule out carpal tunnel syndrome; bilateral lateral epicondylitis; and bilateral

shoulder sprain. The date of injury is March 12, 2012. The request for authorization is dated June 8, 2015. Neurontin 100 mg appears in the January 7, 2015 progress note. In a February 4, 2015 progress note Neurontin was refilled and Lidoderm 5% was started. According to the May 6, 2015 progress note, the injured worker received acupuncture. The acupuncture helps. The total number of acupuncture sessions are not documented in the medical record. There is no documentation demonstrating objective functional improvement. According to the June 3, 2015 progress note, subjectively the injured worker complained of right neck pain that radiates to the shoulder. The pain score was 8/10. Objectively, there was tenderness to palpation over the trapezius and paraspinal muscle groups of the cervical spine. There was tenderness over the bilateral epicondyles (elbow). The treatment plan contained a request to renew Lanza patches. This patch contains lidocaine 4% and menthol 1%. There is no discussion or rationale for continuing Lidoderm 5% in the June 3, 2015 progress note. The documentation does not contain evidence of objective functional improvement to support ongoing Neurontin 100 mg. The VAS score remains elevated at 8/10. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Neurontin, Neurontin 100mg #60 is not medically necessary.

Lidoderm 5% patch, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch #30 is not necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are myofascial pain; cervical sprain; rule out carpal tunnel syndrome; bilateral lateral epicondylitis; and bilateral shoulder sprain. The date of injury is March 12, 2012. The request for authorization is dated June 8, 2015. Neurontin 100 mg appears in the January 7, 2015 progress note. In a February 4, 2015 progress note Neurontin was refilled and Lidoderm 5% was started. According to the June 3, 2015 progress note, subjectively the injured worker complained of right neck pain that radiates to the shoulder. The pain score was 8/10. Objectively, there was tenderness to

palpation over the trapezius and paraspinal muscle groups of the cervical spine. There was tenderness over the bilateral epicondyles (elbow). The treatment plan contained a request to renew Lanza patches. This patch contains lidocaine 4% and menthol 1%. There is no discussion or rationale for continuing Lidoderm 5% in the June 3, 2015 progress note. Additionally, the documentation does not contain evidence of objective functional improvement to support ongoing Lidoderm 5%. Consequently, absent clinical documentation in the latest progress note dated June 3, 2015 with a refill request for Lidoderm 5% (Lanza was prescribed) and documentation demonstrating objective functional improvement to support ongoing Lidoderm 5%, Lidoderm 5% patch #30 is not necessary.