

Case Number:	CM15-0175720		
Date Assigned:	09/17/2015	Date of Injury:	03/10/2011
Decision Date:	10/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 10, 2011. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for acupuncture, Flexeril, and Lidoderm patches. The claims administrator apparently issued a partial approval of Flexeril, it was incidentally noted. The claims administrator did, moreover, approve massage therapy and diclofenac. An August 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 13, 2015 progress note, the applicant reported 7.5/10 low back pain complaints. Sleeping, driving, and movements remain problematic, the attending provider reported. Diclofenac, topical Lidoderm, nightly usage of Flexeril, massage therapy, and acupuncture were endorsed while the applicant was apparently returned to work without restrictions. The applicant was asked to follow up as needed. The applicant was described as already permanent and stationary. In a medical-legal evaluation dated June 3, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Tylenol No. 3, Motrin, and a muscle relaxant, it was reported. The applicant was described as unemployed, the medical-legal evaluator reported. The applicant's last date of employment was October 30, 2013, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for an additional session of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Guidelines in the MTUS 9792.24.1d acknowledged that acupuncture treatment may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such demonstration of functional improvement as defined in section 9792.20e, despite presumed receipt of earlier acupuncture. The applicant remained dependent on a variety of analgesic medications to include oral diclofenac, Lidoderm patches, Flexeril, Tylenol No. 3, etc., it was reported on August 13, 2015 and June 3, 2015. A medical-legal evaluator reported on June 30, 2015 that the applicant was off of work, was unemployed, and had not worked since October 13, 2013. All of the foregoing, taken together, suggested that the applicant had in fact plateaued in terms of functional improvement measures established in MTUS 9792.20e, despite receipt of prior acupuncture. Therefore, the request for additional acupuncture was not medically necessary.

Flexeril 10mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (diclofenac) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents to include diclofenac, topical Lidoderm, Tylenol No. 3, etc., it was reported on medical-legal evaluation dated June 30, 2015 and on an office visit dated August 13, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 30-tablet supply of cyclobenzaprine at issue, moreover, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidocaine 5% patch Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 13, 2015 office visit made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of Lidoderm patches in question. Therefore, the request was not medically necessary.