

<b>Case Number:</b>	CM15-0179485		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, California

Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 09-02-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, asthma, chronic stridor, left ankle and right knee pain. Medical records (02-28-2015 to 08-25-2015) indicate ongoing right knee pain and left ankle pain. Records also indicate no changes in activities of daily living. Per the treating progress report (PR), the IW has not returned to work and is on social security disability. The physical exams, dated 07-17-2015 and 08-25-2015, revealed large effusion to right knee, right quadriceps atrophy, tenderness to the right knee, crepitus with range of motion (ROM), positive medial McMurray's and Valgus stress test, tenderness over the sinus tarsi, over the peroneal tendons and to the central aspect of the fascia, and positive inversion and eversion tests. Relevant treatments have included right knee arthroscopy and debridement of the posterior and lateral horns of the medial meniscus, injections to the left ankle and right knee, acupuncture with reported benefit in the past, 6 sessions of aquatic therapy with noted benefit in less cramping, physical therapy (PT), work restrictions, and pain medications (naproxen and Lidopro cream since 02-28-2015). The treating physician indicates that a MRI of the left ankle (2013) showed sinus tarsi synovitis, a longitudinal tear posterior half of the peroneus brevis tendon, mild foot arthritis, mild Achilles tendinosis, bone spur and plantar fasciitis. The request for authorization (08-25-2015) shows that the following therapies and retrospective medications were requested: acupuncture #6, aqua therapy #6, naproxen 550mg #60 (08-25-2015), omeprazole 20mg #60 (08-25-2015), and Lidopro cream 121gm #1 (08-25-2015).The original utilization review (09-08-2015) denied the request for: acupuncture #6 based on the lack of functional improvement with previous treatment; aqua therapy #6 based on the lack of functional improvement with previous therapy; naproxen 550mg #60 (08-25-2015) based on

the lack of functional improvement with prior use; omeprazole 20mg #60 (08-25-2015) based on the absence of risk factors and denial of NSAID (naproxen); and Lidopro cream 121gm #1 (08-25-2015) based on Lidocaine not being recommended in a cream form.

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

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

#### **Acupuncture # 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. It is not clear that any acupuncture has been performed to date as there is casual mention of acupuncture in one notation, but no records or discussion of treatments are included. From the documentation, it is unclear which condition the acupuncture is prescribed to treat. An initial course of acupuncture is 3-6 visits per the MTUS. If the current prescription is for an initial course, the prescription is for 6 visits, which is within the quantity recommended in the MTUS. If there was a prior course of acupuncture, medical necessity for any further acupuncture is considered in light of functional improvement. After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. As it is unclear for what condition acupuncture is being prescribed and it is not known if this is the initial or recurrent request for acupuncture, the request is not medically necessary.

#### **Aqua Therapy # 6: 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): Aquatic therapy.

**Decision rationale:** The IW's condition is chronic. According to CA MTUS guidelines, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Physical medicine recommendations allow for fading treatment frequency. According to the documentation, the IW has previously participated in aquatic therapy, although the details of these therapies are not available for review. There is a report the IW had improvement of symptoms and was able to walk 10 minutes following sessions. There is no other evidence of improvement. There was no decrease in medication, decreased pain scales, or improved activity and functional status. The documentation does not support that the IW has experienced a new injury or has an exacerbation of pain, rather a continued, constant level of discomfort. There is no document to support details of functional improvement in relation to past aquatic therapy visits. Without the supporting documentation, the request is not medically necessary.

**Retrospective (08/25/15): Naproxen 550mg Qty: 60.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are recommended as an option for short term symptomatic relief for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The IW has been on this medication for a minimum of 6 months. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

**Retrospective (08/25/15): Omeprazole 20mg # 60: 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to CA MTUS, gastrointestinal protecting agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age > 65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Additionally, the requested NSAID included with this request was determined not medically necessary. The request does not include dosing or frequency. Omeprazole is not medically necessary based on the MTUS.

**Retrospective (8/25/2015): Lidopro Cream 121 gm #1: 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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol, and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-

neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.