

<b>Case Number:</b>	CM15-0047294		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Arizona, Michigan

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 injured worker is a 58-year-old female, who sustained an industrial injury on 07/02/2002. Initial complaints reported included low back pain after a fall. The injured worker was diagnosed as having lumbar strain. Treatment to date has included conservative care, medications, a lumbar laminectomy, lumbar hardware removal, spinal cord stimulator trial, lumbar steroid injections, x-rays, MRIs, CT scan, electrodiagnostic testing, acupuncture, physical therapy, and trigger point injections. Currently, the injured worker complains of low back pain radiating to the left lower extremity. Current diagnoses include post-lumbar laminectomy syndrome, lumbar spine degenerative disc disease, low back pain, lumbar disc displacement, and muscle spasms. It was noted that the injured worker underwent a spinal cord stimulator trial, which failed to provide adequate pain relief; therefore, the stimulator was removed. The injured worker had recently tried acupuncture with no changes in activity and recent flare-up of back pain, but reported a decrease in muscle spasms, improved sleep, reduced pain, improved range of motion and increased activity level with acupuncture. The treatment plan consisted of 6 additional acupuncture sessions, replacement of neck pillow, continuation of medications (Lidoderm patches, Trazadone, Gabapentin, Norco, and Zanaflex), trigger point injections, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Additional acupuncture sessions: Overturned**

**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) Low Back - Lumbar & Thoracic (Acute & Chronic) / acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and 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 functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" A review of the injured workers medical records indicate that she has had 12 acupuncture sessions with documented pain and functional improvement, she has had a complicated course of illness with a history of DVT and failed spinal cord stimulator, but appears to be benefiting from acupuncture, therefore based on her complex clinical presentation and documented pain and functional improvement with acupuncture the request for 6 additional sessions of acupuncture is medically necessary.

## **Lidoderm 5% patch (700mg/patch) #30: Overturned**

**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 rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." A review of the injured workers medical records reveal documentation of improved pain and function with her current medication regimen which includes lidoderm patch. She is currently on coumadin which because of drug interactions limits her choices of oral medications and therefore based on her complex clinical presentation and the guidelines the continued use of Lidoderm 5% patch (700mg/patch) #30 is medically necessary.

## **Norco 10/325mg #150: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, and persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli, it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use opioids according to guideline recommendations for on-going treatment and the request for Norco 10/325mg #150 is medically necessary.

**1 Trigger point injection for lumbar paravertebral, left quadratus lumborum:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** Per the MTUS, Trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. A review of the injured workers medical records reveal she has had a complicated course of illness with a history of DVT and failed spinal cord stimulator, but is documented to have improved with the use of TPI's, therefore the request for 1 Trigger point injection for lumbar paravertebral, left quadratus lumborum is medically necessary in this injured worker.