

Case Number:	CM13-0025873		
Date Assigned:	03/14/2014	Date of Injury:	01/13/2004
Decision Date:	04/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old patient status post injury January 13, 2004. An August 22, 2013 progress report stated that the patient complains of neck pain with radiation of pain to the upper extremities, difficulty with activities of daily living. She notes a burning sensation along with the radiation of pain. The patient has difficulty with both hands, worse on the left. She also reports foot pain, worse on the left. The patient has pain of 6/10 with medication and 8-9 out of 10 without medication. The opioid medication allows her to do activities of daily living and remain functional. Opioid medications are only prescribed by the provider. The patient is status post ACDF (anterior cervical discectomy and fusion) January 15, 2009. On examination, there is a scar over the cervical spine. There is limited cervical spine range of motion, negative Spurling's sign, the patient is noted to be overweight. The patient has moderate dyesthesia over the top of the right and left foot and right medial hand. Recommendation was for physical therapy to decrease pain in the cervical spine, Lidoderm patch and Norco for pain, Flexeril and Tizanidine for muscle spasms, and Lyrica for dyesthesia. Recommendation was also made for continued use of orthostim as it was beneficial. A June 27, 2013 progress note stated that the patient continued with neck pain. The patient had a previous reaction to epidural injection with severe burning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL SPINE AND UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines Page(s): pages. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The Chronic Pain Treatment Guidelines state that Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, review of records indicates that the patient has participated in physical therapy in the past. It is unclear how many sessions have been completed and what, if any, functional benefits have been obtained with therapy. The request for physical therapy for the cervical spine, twice per week for four weeks, is not medically necessary or appropriate.

LIDOCAINE PATCH 5% 1-2 PATCHES Q24H: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Lidocaine,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): pages 111-113.. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL LIDOCAINE, 56-57

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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 (anti-epileptic drug) such as gabapentin or Lyrica). However, there is no evidence of localized peripheral pain or evidence of failure of a trial of first line options. Additionally, there is no indication of efficacy with previous use. The request for Lidocaine 5% patches, one to two per day, is not medically necessary or appropriate.

NORCO 7.5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines , Page(s): pages76-80..

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The record notes that there is an objective decrease in pain scores with the use of opioids. There is no aberrant behavior. The medication allows the patient to function better. However, the records do not provide evidence of active monitoring with urine drug screens or pain contracts. There is no documented evidence of compliance and adherence. There is no documentation of objective functional improvement. The request for Norco 7.5/325 mg, 60 count, is not medically necessary or appropriate.

TIZANIDINE 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): page 66..

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (lower back pain), however, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. However, there is no evidence in the records of an acute muscle spasm that would necessitate the use of Tizanidine. This is a chronic pain patient. There is also a concurrent request for Flexeril. It is unclear why two muscle relaxant agents would be needed. The request for Tizandine 4 mg is not medically necessary or appropriate.

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Flexeril, Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Page(s): pages 41-42..

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no evidence in the records

of an acute muscle spasm that would necessitate the use of Flexeril. The Chronic Pain Medical Treatment Guidelines also state that treatment should be brief. This is a chronic pain patient. There is a concurrent request for Tizanidine. There is no clear discussion of the need for two similar agents. The request for Flexeril 10 mg is not medically necessary or appropriate.

CONTINUE USE OF ORTHOSTIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, TENS (transcutaneo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, Page(s): pages 11.

Decision rationale: The OrthoStim unit incorporates interferential, TENS, NMS (neuromuscular stimulator), EMS (electriomuscular stimulator), and galvanic therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, CA MTUS does not consistently recommend interferential, NMS, and galvanic electrotherapy. Furthermore, while the records state that orthostim has been beneficial, there is no clear discussion of duration of use, parameters of use, or objective measure of functional improvement or pain relief. The request for a continued use of an orthostim unit is not medically necessary or appropriate.