

Case Number:	CM13-0036187		
Date Assigned:	12/13/2013	Date of Injury:	08/27/2002
Decision Date:	07/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 46 year old female who was injured on 8/27/02 and again on 4/17/2009. She was diagnosed with lumbosacral neuritis, lumbar flexion/hyperflexion injury, cervical discopathy with radicular pain, bilaterall shoulder impingement, anxiety, depression, a gastrointestinal disturbance, and a urological disorder. She has been treated with conservative treatments, including pool therapy and lidoderm patches which she has been using for more than one year leading up to the request for a refill. Previous requests for pool therapy and Lidoderm patches have been non-certified. She was seen by her treating physician on 6/28/13 for her regularly scheduled followup complaining of neck and low back pain, but that using Lidoderm helps a "great deal". Her physical examination was remarkable for paracervical tenderness and spasm, lumbar paraspinal tenderness and spasm, no sciatica, and neurologic examination was normal on upper and lower extremities. A urine test for drug monitoring was done, and she was recommended to do water therapy with a gym membership and to continue to use Lidoderm patches for her neck and back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter 5221.6600, Health Clubs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, Gym membership.

Decision rationale: The MTUS Chronic Pain Guidelines states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS Chronic Pain Guidelines also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS Guidelines does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for lower back and neck injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. Therefore, the gym membership is not medically necessary. Although it seems that this worker is benefitting from the pool therapy, the challenge of monitoring and poor feedback makes any gym membership not feasible, and therefore not medically necessary.

LIDODERM PATCH 5%, #60 TWO BOXES WEAR UP TO THREE PATCHES ONCE A DAY FOR TWELVE HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. After reviewing the records provided, there was no evidence found that this worker had attempted to use a first-line therapy first before beginning topical lidocaine. It also is not clear as to how much of her pain is neuropathic as the physical examination from 6/28/13 did not identify evidence of neurological pathology at that time. Therefore, the request for Lidoderm is not medically necessary.

URINALYSIS ON 8/26/13 (RETROSPECTIVE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS Chronic Pain Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS Chronic Pain Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, it is unclear as to why the frequent urine screening tests are being done as there is no evidence in the notes provided that she exhibited abuse behavior or addictive behavior. Furthermore, there is no record of her even taking any other medications (including opioids) other than topical analgesics for her pain. Therefore the request for urine drug testing is not medically necessary.