

Case Number:	CM13-0037003		
Date Assigned:	12/13/2013	Date of Injury:	08/16/2007
Decision Date:	02/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

A 57-year-old female with date of injury from 08/16/2007. List of diagnoses include radiculopathy, carpal tunnel syndrome, trapezial contracture, and thoracic outlet syndrome. The request is for physical therapy 6 sessions, Lidoderm patches, and Celebrex. These requests were denied per utilization letter, 10/04/2013. The rationale for physical therapy was that the request exceeds the recommendation per ODG, and that the patient also had a refresher course of physical therapy to fine-tune the home exercise program. Lidoderm patches were denied as the reports did not provide failed trials of first-line recommendations, oral antidepressants and anticonvulsants. Celebrex was denied as there is no documentation of efficacy with prior usage of this medication such as measurable decrease in the claimant's pain or an increase in the claimant's ability to function. The request was partially started for 1-month supply but with a warning. Progress report, 10/08/2013, by [REDACTED], has the patient presenting with left-sided neck pain, upper extremity pain, with objective finding showing tenderness throughout her cervical and scapular muscles. List of the impressions include chronic left C6-C7 radiculopathy; C5-C7 ACDF, June 2009; left superior trapezius contractures; left thoracic outlet syndrome, likely neurogenic; left carpal tunnel syndrome. Patient was continuing on Celebrex and Lidoderm patches and has a walking program for exercises. Patient will come back for carpal tunnel injection to see how she is doing with therapy. As far as the work is concerned, she can continue her usual and customary duties. Report from 09/18/2013 states the patient has done fairly well over the last several months, but she is flared up, and that started just a few weeks prior, and has now, numbness throughout her entire left upper extremity, waking up at night with numbness. The provider recommended repeat left carpal tunnel injection. Also, recommended a refresher course of phys

IMR ISSUES, DECISIONS AND RATIONALES

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

six physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with chronic shoulder and upper extremity symptoms with diagnoses of cervical fusion in multiple levels, thoracic outlet syndrome, left C6-C7 radiculopathy, and left carpal tunnel syndrome. The treating physician's note from 09/18/2013, notes that the patient has flared up and is struggling with pain. Review of the report showed that the patient's last course of physical therapy was in February 2013 about 7 months prior to September 2013 requested. In February 2004, the patient completed 4 sessions of physical therapy for flare up at that time. The California MTUS Guidelines allow up to 8 to 10 sessions from myalgia, myositis, neuritis/radiculitis. This patient has flared up and a short course of physical therapy is quite reasonable, and in my opinion, consistent with MTUS Guidelines. Most importantly, this patient is working, and given the patient's chronic pain condition, depending on patient's daily activities, patient can experience flare-ups and exacerbations for which a short course of physical therapy is reasonable. Recommendation is for authorization.

Lidoderm patches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with chronic shoulder, neck, and upper extremity symptoms with diagnosis of cervical fusion from C5 through C7, thoracic outlet syndrome, and left carpal tunnel syndrome. The patient also has C6-C7 radiculopathy as list of diagnosis. The patient has been prescribed Lidoderm patches, which was denied by the utilization reviewer citing lack of documentation of failure of other medications such antidepressants and anticonvulsants. However, it should be noted that this patient is working, patient's injury dates back to 2007. I do not believe the utilization reviewer had the opportunity to review reports dating back to 2007, and nor have I. However, given that the patient has been able to work, control her symptoms with judicious interventions of conservative care, use of Lidoderm patches are quite reasonable. It can be safely assumed that the patient has tried other medications in the past. MTUS Guidelines support the use of Lidoderm patches for neuropathic pain. Recommendation is for authorization.

Celebrex: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with chronic neck and upper extremity pain with diagnoses of C5-C6, C6-C7 cervical fusion, radiculopathy, and thoracic outlet syndrome, left carpal tunnel syndrome. The patient has been using Celebrex for quite some time on as needed basis. This request was denied by the utilization reviewer citing lack of documentation of efficacy. However, the utilization reviewer authorized a month's supply and also asking for documentation of efficacy. In reviewing the reports, the patient is working and staying functional. Returning to work and continuing to work is the highest level of function that could be achieved in any treatments. Although the provider specifically does not tie use of Celebrex to this patient's ability to work, it is clear from the context of the reports that the patient has been able to continue to work, and has been using Celebrex on as needed basis. The MTUS Guidelines support use of NSAIDs for management of chronic musculoskeletal pains. Recommendation is for authorization.