

Case Number:	CM13-0037496		
Date Assigned:	12/13/2013	Date of Injury:	05/25/2002
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/23/2013

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 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:

This 56 year-old female sustained an injury on 5/25/02 while employed by [REDACTED]. Requests under consideration include Cortisone injection right elbow, Fentanyl 75 mcg patch #15, Lidoderm 5% patch #60, Lightweight scooter, and Xoten lotion 6/25-12.5% #120. Per report of 9/23/13 from [REDACTED], the patient complained of neck pain with referral into the shoulders and fingers and low back pain with referral into the bilateral lower extremities. Pain was unchanged and rated at 7/10 with medications and 10/10 without. There was also complained of incontinence, right upper extremity numbness, and increased pain in bilateral ankles. Exam showed patient alert with tenderness in the lumbar spine and ankles; decreased sensation in bilateral C5-6 dermatomes and L5-S1 dermatomes; ambulated with walker; tenderness in spinal vertebrae at L4-S1; positive bilateral knee tenderness and right elbow tenderness. Diagnoses included lumbar radiculopathy, failed back surgery syndrome, post-laminectomy syndrome, severe constipation, rectal bleeding, and right elbow pain, insomnia, and intolerance to NSAIDs except for Celebrex. She received B12 and Toradol injections (non-certified) for severe pain. Treatment requests for scooter with lift for transportation outside the house and medications. Requests were non-certified on 10/7/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment index, 11th edition (web), 2013, Elbow Chapter, Cortisone Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24.

Decision rationale: This 56 year-old female sustained an injury on 5/25/02 while employed by [REDACTED]. Per report of 9/23/13 from [REDACTED], the patient complained of neck pain with referral into the shoulders and fingers and low back pain with referral into the bilateral lower extremities. Pain was unchanged and rated at 7/10 with medications and 10/10 without. There was also complained of incontinence, right upper extremity numbness, and increased pain in bilateral ankles. Exam showed patient alert with tenderness in the lumbar spine and ankles; decreased sensation in bilateral C5-6 dermatomes and L5-S1 dermatomes; ambulated with walker; tenderness in spinal vertebrae at L4-S1; positive bilateral knee tenderness and right elbow tenderness. Diagnoses included lumbar radiculopathy, failed back surgery syndrome, post-laminectomy syndrome, severe constipation, rectal bleeding, and right elbow pain, insomnia, and intolerance to NSAIDs except for Celebrex. Besides tenderness of the elbow, there are no other neurological deficits of the elbow documented for diagnosis of "right elbow pain." ACOEM Treatment Guidelines, Updated Chapter 10 for Elbow Complaints in regards to corticosteroid injections indicate the injections produce short-term pain relief; however, in the long term, they are less effective in providing pain relief and benefit than is physical therapy and has higher recurrence rates. In addition, glucocorticoid injections have some risks of tendon fraying and even rupture which may not be appropriate for this patient with assessed microtear and fibrosis on ultrasound. Submitted reports have not adequately demonstrated the indication or necessity to support for this request. The cortisone injection to the right elbow is not medically necessary and appropriate.

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic Pain Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111- 113.

Decision rationale: This 56 year-old female sustained an injury on 5/25/02 while employed [REDACTED]. Per report of 9/23/13 from [REDACTED], the patient complained of neck pain with referral into the shoulders and fingers and low back pain with referral into the bilateral lower extremities. Pain was unchanged and rated at 7/10 with medications and 10/10 without. There was also complained of incontinence, right upper extremity numbness, and increased pain in bilateral ankles. Exam showed patient alert with tenderness in the lumbar spine and ankles; decreased sensation in bilateral C5-6 dermatomes and L5-S1 dermatomes; ambulated with walker; tenderness in spinal vertebrae at L4-S1; positive bilateral knee tenderness and right elbow tenderness. Diagnoses included lumbar radiculopathy, failed back surgery syndrome, post-laminectomy syndrome, severe constipation, rectal bleeding,

and right elbow pain, insomnia, and intolerance to NSAIDs except for Celebrex. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for her diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. Lidoderm 5% patch #60 is not medically necessary and appropriate.

Lightweight scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicare.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter Page(s): 100.

Decision rationale: Per MTUS Guidelines regarding power mobility devices such as scooters, they are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. This 56 year-old female sustained an injury on 5/25/02 while employed by [REDACTED]. Per report of 9/23/13 from [REDACTED], the patient complained of neck pain with referral into the shoulders and fingers and low back pain with referral into the bilateral lower extremities. Pain was unchanged and rated at 7/10 with medications and 10/10 without. The patient has been utilizing ambulated with walker and treatment request is for a scooter for long distance ambulation. The criteria for the power mobility device has not been met from the submitted reports. There is no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the walker as the patient is already currently using and the patient is not homebound from findings of tenderness and decreased sensation. The Lightweight scooter is not medically necessary and appropriate.

Xoten lotion 6/25-12.5% #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Chronic Pain Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of

short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Xoten lotion is not medically necessary and appropriate.