

Case Number:	CM13-0046579		
Date Assigned:	12/27/2013	Date of Injury:	11/27/2000
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 patient is a 52 year-old female with a 11/27/00 industrial injury claim. She has been diagnosed with chronic pain syndrome, neck pain, cervical radiculopathy, s/p fusion and multiple revisions. According to the 10/10/13 pain management report from [REDACTED], the patient presents with 10/10 neck pain, bilateral shoulder pain and headaches. Medications bring the pain to 6/10, it has averaged 4/10 over the past week. She currently does volunteer work with horses and rescue animals. [REDACTED] is requesting an NESP-R consultaion.

IMR ISSUES, DECISIONS AND RATIONALES

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

A NESP-R PROGRAM CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 491-492.

Decision rationale: The patient presents with neck and upper extremity pain. The medical reports provided for this IMR from [REDACTED] request the program, but there is no description of what the program is. Online search shows that the NESP program is a program that [REDACTED] developed himself. It is similar to a detoxification and weight loss program. It

does not appear to be a functional restoration program. There are no clinical studies that show the program has been effective for anything. ACOEM states " Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients" The NESP program is not an evidence based program, ACOEM does not recommend using unsupported clinical reporting or anecdotal reports in reaching decisions on treatment. The request is not in accordance with ACOEM guidelines.

60 LIDODERM PATCHES 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 10/10 neck pain, bilateral shoulder pain and headaches. Medications bring the pain to 6/10, it has averaged 4/10 over the past week. There is no discussion on efficacy of Lidoderm patches. The Final Determination Letter for IMR Case Number CM13-0046579 4 California MTUS states topical Lidocaine can be used for: "Neuropathic pain 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 such as Gabapentin or Lyrica)" The available medical records do not show the patient has neuropathic pain and there is no indications that patient has tried any first-line therapy, TCA, SNRI, or AED. Based on the available information, the MTUS criteria for Lidoderm patches have not been met.

A SALIVA DNA TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing for Potential Opioid Abuse.

Decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 10/10 neck pain, bilateral shoulder pain and headaches. The physician wants to do DNA testing. ODG guidelines specifically state DNA testing for potential opioid abuse is not recommended. The request is not in accordance with ODG guidelines.

AN INTRAMUSCULAR INJECTION OF VITAMIN B-12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B.

Decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 10/10 neck pain, bilateral shoulder pain and headaches. The physician has requested a vitamin B injection. ODG guidelines specifically state Vitamin B injections are not recommended. The request is not in accordance with ODG guidelines.