

<b>Case Number:</b>	CM13-0048066		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/14/1999
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Arizona. 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 45-year-old female with a date of injury of 6/14/1999. The patient has ongoing symptoms related to her neck. The diagnoses include cervical spinal pain, degenerative disc disease, and spinal stenosis. The subjective complaints are of pain in her neck radiating down into both arms, worse on the left than on the right. The physical exam shows decreased cervical range of motion, and the patient is neurologically intact. Medications include ibuprofen, Soma, Lidoderm, and Vicodin. Pain can reach 7-8/10, and is helped with medication and worse with activity. No adverse side effects were documented. An MRI from 1/11/12 shows severe C5-6 bilateral foraminal narrowing, mild foraminal narrowing at C4-5, and tiny C6-7 midline disc protrusion. The cervical x-rays were noted to show progression at C5-7. The electromyography (EMG) and nerve conduction velocity (NCV) were documented as normal. The prior treatments have included physical therapy and cervical traction therapy, all without significant functional improvement. The documentation does not show evidence of the amount or duration of previous physical therapy. The documentation also states that the patient has had five (5) prior acupuncture treatments that helped decrease pain for a few days at a time. The patient is noted to have a history of acid reflux. The patient takes ibuprofen, and was previously taking omeprazole which was denied by prior review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PETER EDGELOW TECHNIQUE OF PHYSICAL THERAPY FOR THE CERVICAL AND THORACIC SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK, PHYSICAL THERAPY

**Decision rationale:** The Chronic Pain Guidelines allow for fading of treatment frequency, plus active self-directed home physical therapy. The Official Disability Guidelines (ODG) recommends an initial six (6) visit clinical trial. For cervicgia, the ODG recommends nine (9) visits over eight (8) weeks, and for displacement of cervical intervertebral disc, ten (10) visits over eight (8) weeks. For this patient, the submitted documentation does not show evidence of the duration or amount of prior physical therapy. There is also no evidence of functional improvement from previous therapy. Furthermore, the request as written does not identify the amount of the requested physical therapy sessions. Therefore, the medical necessity of the Peter Edgelow technique of physical therapy is not established.

**SEVEN (7) ADDITIONAL SESSIONS OF ACUPUNCTURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines indicate that acupuncture treatments may be extended if functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture had been performed, and improvements meeting the above criteria were not evident. Therefore, the medical necessity of acupuncture is not established.

**CONTINUATION OF VICODIN 5/500MG #30, EVERY EIGHT (8) HOURS, AS NEEDED FOR PAIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID, Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation of risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of

medication, as recommended by the guidelines. Therefore, the use of this medication is not consistent with guidelines and the medical necessity is not established.

**LIDODERM PATCH 5% #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM, Page(s): 56.

**Decision rationale:** The Chronic Pain Guidelines recommend Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or for localized peripheral pain. Therefore, the medical necessity of Lidoderm patches is not established.

**VIMOVO 500/20MG, BRAND #30, ONE (1) DAILY, WITH ONE (1) REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The Chronic Pain Guidelines indicate that a proton pump inhibitor can be added to non-steroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. The Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is documentation of a history of acid reflux, which is exacerbated by ibuprofen, and has had omeprazole in the past which was not certified. The Official Disability Guidelines recognize the similar chemical structure and efficacy of various proton pump inhibitors (PPIs). Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Nexium. Since there is a documented trial of first line PPIs, and a history of acid reflux with ongoing GI symptoms from NSAIDS, the request for Vimovo is medically necessary.