

Case Number:	CM13-0048586		
Date Assigned:	01/31/2014	Date of Injury:	01/23/2012
Decision Date:	04/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pain Management 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:

This is a patient with a date of injury of 1/23/12. A utilization review determination dated 10/22/13 recommends non-certification of psychosocial eval with treatment recommendations, hot and cold unit, acupuncture, chiropractic, TENS, MRI lumbar spine, Terocin patches, topical medications, and a narcotic test. 9/25/13 medical report identifies low back pain radiating to the BLE with electrical shocking and tingling. Pain is 7/10. Patient complains of depression. On exam, there is limited lumbar ROM, positive SLR and femoral nerve stretch on the right, and diminished sensation in the L4-5 nerve root distribution of the LLE. Recommendations included the requests non-certified above as well as physical therapy. Records suggest that an MRI of the lumbar spine was performed on 6/6/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOSOCIAL EVALUATION WITH TREATMENT RECOMMENDATIONS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there is a mention of "depression," but no documentation of any symptoms and/or findings consistent with that diagnosis to support the need for specialty evaluation. In the absence of such documentation, the currently requested PSYCHOSOCIAL EVALUATION WITH TREATMENT RECOMMENDATIONS is not medically necessary.

HOT & COLD UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for a HOT & COLD UNIT, California MTUS/ACOEM support the use of simple hot/cold packs in the management of low back injuries. There is some support for short-term use of cold therapy units for certain postoperative injuries, but there is no clear indication for their use for the patient's low back injury. In light of the above issues, the currently requested HOT & COLD UNIT is not medically necessary

ACUPUNCTURE TWO TIMES FOUR FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for ACUPUNCTURE TWO TIMES FOUR FOR THE LUMBAR SPINE, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that there was also a concurrent request for physical therapy approved. The use of multiple concurrent treatments of this nature can make it difficult or impossible to determine which (if any) result in benefit to the patient. Additionally, only 6 sessions are supported initially and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested ACUPUNCTURE TWO TIMES FOUR FOR THE LUMBAR SPINE is not medically necessary.

CHIROPRACTIC CARE TWO TIMES FOUR FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that there was also a concurrent request for physical therapy approved. The use of multiple concurrent treatments of this nature can make it difficult or impossible to determine which (if any) result in benefit to the patient. Additionally, only 6 sessions are supported initially and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested CHIROPRACTIC CARE TWO TIMES FOUR FOR THE LUMBAR SPINE is not medically necessary.

TENS UNIT, SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS supports a one-month trial of TENS for chronic intractable pain after failure of other appropriate pain modalities. Within the documentation available for review, it appears that the patient was undergoing other active treatment for the pain that had not been identified as failing as of yet. Additionally, the purchase of a TENS unit is not supported prior to a successful trial as outlined above and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested TENS UNIT, SUPPLIES is not medically necessary.

TEROCIN PAIN PATCH TEN PATCHES THREE BOXES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above issues, the currently requested TEROGIN PAIN PATCH TEN PATCHES THREE BOXES is not medically necessary.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK-LUMBAR & THORACIC (ACUTE & CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRIS (MAGNETIC RESONANCE IMAGING)

Decision rationale: California MTUS does not address the issue of repeat MRIs. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no documentation to suggest a significant worsening of the patient's condition to warrant a new MRI and the patient also had pending active treatment including physical therapy at the time of the request, the results of which should be evaluated before recommending updated imaging studies. In light of the above issues, the currently requested MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE is not medically necessary.

MEDS TIMES FIVE TEROGIN 240ML: CAPSAICIN 0.025 PERCENT METHYL SALICYLATE 25 PERCENT, MENTHOL 10 PERCENT, LIDOCAINE 2.5 PERCENT, FLURBI CREAM LA 180GMA FLUBIPROFEN 20 PERCENT, LIDOCAINE 5 PERCENT, AMITRIPTYLINE 4 PERCENT, GABAPENTIN 10 PERCENT, CYCLOBENZAPRINE 6 PERCENT, TRAMADOL 10 PERCENT, GENICIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California MTUS Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "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)." That has not been documented. Furthermore, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested MEDS TIMES FIVE TEROGIN 240ML: CAPSAICIN 0.025 PERCENT METHYL SALICYLATE 25 PERCENT, MENTHOL 10 PERCENT, LIDOCAINE 2.5 PERCENT, FLURBI CREAM LA 180GMA FLUBIPROFEN 20 PERCENT, LIDOCAINE 5 PERCENT, AMITRIPTYLINE 4 PERCENT, GABAPENTIN 10 PERCENT, CYCLOBENZAP is not medically necessary.

NARCOTIC TEST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),LOW BACK- LUMBAR & THORACID(ACUTE & 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, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: California MTUS does not address the issue. ODG cites that genetic testing for potential opioid abuse is not recommended, as studies are inconsistent, with inadequate statistics and large phenotype range, different studies use different criteria for definition of controls, and more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In light of the above issues, the currently requested NARCOTIC TEST is not medically necessary.