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| Case Number: | CM13-0050575 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/12/2010 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 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 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 is a female patient with the date of injury of September 12, 2010. A utilization review determination dated October 10, 2013 recommends non-certification of Hydrocodone 5/325mg #90; Terocin pain patch, 1 box, 10 patches; Nortriptyline 25mg #60; MRI of the lumbar spine; and 8 chiropractic visits lumbar. The previous reviewing physician recommended non-certification of Hydrocodone 5/325mg #90 due to lack of documentation of subjective or objective benefit from use of this medication; non-certification of Terocin pain patch, 1 box, 10 patches due to little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder; non-certification of Nortriptyline 25mg #60 due to lack of documentation of support for the long-term use of anxiolytics and antidepressants being a more appropriate treatment for anxiety disorder; non-certification of MRI of the lumbar spine due to lack of documentation of neurological examinations, red flag signs, and a treatment plan; and non-certification of 8 chiropractic visits lumbar due to lack of documentation of a medical rationale for continued chiropractic therapy. A Progress Report dated 10/28/13 identifies radiation of pain and numbness down both legs down to feet into her toes, left side greater than right, which she states is increasing with time. She states medications help decrease her pain by about 50% temporarily and allows her to increase her walking distance by about 20 minutes. She denies side effects with medication use. Objective Findings include range of motion of the thoracic and lumbar spines are decreased in all planes and limited by pain. Tibialis anterior and EHL are 4/5 bilaterally, inversion, eversion and plantarflexors are 4+/5 bilaterally, SLR positive bilaterally at 30 degrees causing pain to the toes. Diagnoses include left-sided disc herniation at L5-S1 with stenosis, lumbar radiculopathy, right shoulder subacromial impingement, bilateral median neuropathy, and possible ulcer. Treatment Plan includes the patient states that she is concerned about her increased low back pain and lower extremity symptoms. She states that she continues

to have severe flare-ups of her back pain. Chiropractic treatment is requested for the back at two times a week times four weeks to include therapeutic exercises and modalities because of her recent severe flare-up in an attempt to help decrease her pain and increase her activity level. The alternatives, risks, and potential complications to these medications were discussed and she understood them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg #90: Overturned

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 Page(s): 76-79.

Decision rationale: Regarding the request for Hydrocodone 5/325 mg #90, California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the Hydrocodone is improving the patient's function or pain, documentation regarding side effects, and discussion regarding aberrant use. As such, the currently requested Hydrocodone 5/325 mg #90 is medically necessary.

Terocin pain patch 1 box (10 patches): 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 Page(s): 111-113.

Decision rationale: Regarding the request for Terocin pain patch 1 box (10 patches), Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is

evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Furthermore, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin pain patch 1 box (10 patches) is not medically necessary.

Nortriptyline 25 mg #60: Overturned

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 Page(s): 13-16.

Decision rationale: Regarding the request for Nortriptyline 25 mg #60, Chronic Pain Medical Treatment Guidelines state antidepressants are a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Within the medical information made available for review, there is documentation of neuropathic pain. As such, the currently requested Nortriptyline 25 mg #60 is medically necessary.

MRI of the lumbar spine:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI of the lumbar spine, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG recommends MRI for patients with evidence of radiculopathy after failing conservative treatment. ODG Minnesota states that repeat imaging of the same view of the same body part with the same imaging without it is not indicated except to diagnose a new episode of injury or exacerbation which in itself would warrant an imaging study, or to diagnose a change in the patient's condition marked by new or altered physical findings. Within the documentation available for review, it does not appear the patient has failed all conservative treatment modalities. The treating physician is currently asking for medication and chiropractic therapy. Guidelines clearly recommend exhausting all conservative treatment options prior to requesting imaging studies. Additionally, it is unclear how the patient's physical examinations findings have changed since the time of the

previous MRI. Finally, there is no statement indicating what medical decision-making will be based upon the outcome of the MRI. In the absence of clarity regarding those issues, the currently requested MRI of the lumbar spine is not medically necessary.

Eight (8) chiropractic visits for lumbar 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 Page(s): 58-60.

Decision rationale: Regarding the requested for eight (8) chiropractic visits for lumbar spine, Chronic Pain Medical Treatment Guidelines state chiropractic therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The Guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Within the medical information made available for review, there is documentation of chronic pain caused by musculoskeletal conditions. Unfortunately, there is no provision to modify the current request, and guidelines only support a 6 visit trial. As such, the currently requested eight (8) chiropractic visits for lumbar spine is not medically necessary.