

Case Number:	CM13-0051440		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1999
Decision Date:	04/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine 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 injured worker's date of injury was November 1, 1999. The injured worker carries a diagnosis of chronic low back pain, thoracic spine pain, cervical spine pain, history of cervical spine fusion in 2006, lumbar spinal stenosis without neurogenic claudication. The disputed issues include a request for chiropractic treatment, topical Lidopro cream, and a TENS unit. These requests were denied by a utilization review performed on October 22, 2013. The stated rationale for the denial of the chiropractic manipulation was that the patient had not been seen for 8 months and the medical necessity is not demonstrated. There was no documentation of any change in the claimant's condition. The stated rationale for why the topical formulation was not recommended was that there is "no clear evidence that the claimant has neuropathic pain but rather degenerative tenderness and degenerative disc disease throughout the spine including the neck, mid back, and the low back." Therefore the lidocaine component was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 2X/WEEK FOR 4 WEEKS CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; WORK LOSS DATA INSTITUTE (WWW.ODG-TWC.COM); SECTION NECK AND UPPER

BACK (ACUTE & CHRONIC) (UPDATED 05/14/2013) AND SECTION: LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) (UPDATED 10/9/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. For the low back, it is recommended as an option. A trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, total of up to eighteen (18) visits over six to eight (6-8) weeks is recommended for therapeutic care. For elective/maintenance care, it is not medically necessary. For recurrences/flare-ups, there is a need to re-evaluate treatment success, if return to work is achieved then one to two (1-2) visits every four to six (4-6) months is recommended. For the Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, and Knee it is not recommended. In this case, the request for chiropractic treatment is an initial trial. This is documented in a progress note dated October 2, 2013, which indicates that the patient has never had chiropractic treatment before. Given her cervical and lumbar spine condition, she may be a suitable candidate for chiropractic treatment. However the guidelines recommend a trial of six (6) sessions, rather than the eight (8) sessions that were requested. The request is recommended for non-certification, as it is not in accordance with guidelines.

PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; WORK LOSS DATA INSTITUTE, LLC (WWW.ODG-TWC.COM); SECTION NECK AND UPPER BACK (ACUTE & CHRONIC) (UPDATED 05/14/2013) AND SECTION: LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) (UPDATED 10/9/2013).

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

Decision rationale: The Chronic Pain Guidelines indicate that if one (1) drug is not recommended then the entire formulation is not recommended. The Guidelines also indicate that topical Lidocaine is recommended for neuropathic pain, and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED), such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain.

Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The guidelines also indicate that for non-neuropathic pain, it is not recommended. There is only one (1) trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over the placebo. In the case of this injured worker, there is no documentation of localized neuropathic pain that is amenable to topical treatment. The patient has documentation of cervical and lumbar radiculopathy, which is not a studied indication for lidocaine. For musculoskeletal pain, lidocaine is not indicated. This request is recommended for non-certification.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-116.

Decision rationale: The Chronic Pain Guidelines indicate that TENS (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. A home-based treatment trial of one (1) month may be appropriate for neuropathic pain and complex regional pain syndrome. In the case of this injured worker, the patient had previously been using a TENS unit and it is no longer working according to a progress note on date of service October 2, 2013. There was documentation in the past that the TENS unit helped reduce the amount of medication for her. Currently, she is having more difficulty standing because the TENS unit is no longer working. However, the California Medical Treatment and Utilization Schedule which takes precedence over all other guidelines does not have indication for TENS in chronic neck or low back pain, but rather the pain disorders listed above. Therefore in this injured worker, the request for a new TENS unit is recommended for non-certification.

