

Case Number:	CM13-0053761		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2010
Decision Date:	04/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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 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:

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 64-year-old female with date of injury 10/07/2010. The patient's primary treating physician, an orthopedic surgeon, notes on 11/13/2013, that the patient complains of persistent neck pain, headache, muscle spasm, muscle stiffness and tightness. She has right upper extremity pain with numbness and tingling into the hands and fingertips. An EMG/NCS indicated right carpal tunnel syndrome. The patient also complains of stiffness in the shoulders, stress, and depression due to her chronic pain. Objective findings are cervical flexion, 40° , extension, 30° , lateral bending, 20° bilaterally. Right shoulder abduction is 20° with pain. Weakness against resisted shoulder abduction, flexion, internal and external rotation at 4+/5. Pain over the medial and lateral epicondyles. Current diagnoses include: 1. Discogenic cervical condition with a radicular component down the upper extremities. 2. Impingement syndrome of the shoulder on the right side. 3. Right cubital tunnel syndrome. 4. Epicondylitis laterally on the right. 5. Wrist joint sprain and CMC joint sprain. 6. The element of depression, stress, and insomnia. The patient's current long-standing medication regimen is the following: 1. MS Contin 15 mg q.h.s. 2. Norco 10/325 two a day. 3. Motrin 800 mg twice a day. 4. Glucosamine 500 mg p.o. t.i.d. for her knees. 5. Ambien 10 mg 1 q.h.s. 6. Prilosec 30 mg a day 7. Wellbutrin XL 150 q.d.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation - 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective.

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The medical record does not demonstrate any relief of the patient's muscle spasm or functional improvement when she was taking cyclobenzaprine previously. In addition, the MTUS does not recommend cyclobenzaprine for long-term use.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with anticonvulsants. Terocin patches are not medically necessary.

LidoPro lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-112.

Decision rationale: The active ingredients of Lidopro lotion are capsaicin, lidocaine, menthol, and methyl salicylate and is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with anticonvulsants. In addition, the ingredient capsaicin in Lidopro lotion is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Lidopro lotion is not medically necessary.

Flexeril 7.5 mg #60 for DOS: 10/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The medical record does not demonstrate any relief of the patient's muscle spasm or functional improvement when she was taking cyclobenzaprine previously. In addition, the MTUS does not recommend cyclobenzaprine for long-term use.