MAXIMUS Federal Services

Case Number:	CM13-0058372		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2013
Decision Date:	05/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 4, 2013. The applicant has a history of prior lumbar laminectomy sustained before the date of injury. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; myofascial release therapy; unspecified amounts of physical therapy; adjuvant medications; and various dietary supplements. In a Utilization Review Report of October 23, 2013, the claims administrator modified the request for 16 sessions of acupuncture as 6 sessions of acupuncture, partially approved 6 sessions of manipulation, did not clearly make a decision on 6 sessions of pain psychology, and issued partial approvals for Tramadol, Robaxin, and Neurontin. The applicant's attorney subsequently appealed. An earlier progress note of October 15, 2013 is notable for comments that the applicant has a history of prior lumbar fusion superimposed on a more acute June 4, 2013 industrial injury. The applicant has apparently consulted a spine surgeon, who has recommending a repeat fusion, it is stated. The applicant is on Neurontin and Flexeril, it is further noted. Neurontin is providing incomplete relief but reportedly makes the applicant lightheaded. The applicant is reportedly on Celexa. She is on disability. Her medication lists include Flexeril, Norco, Metformin, Glipizide, Prilosec, Celexa, and Pravachol. It is stated that the applicant is having intermittent loss of bladder control. Lower extremity motor strength is 4/5 with positive straight leg rising noted. The applicant is asked to obtain 16 sessions of acupuncture, 16 sessions of manipulative therapy, 6 sessions of pain psychology to help the applicant cope with her chronic pain, and employ Neurontin, Tramadol, Lidoderm, and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of the acupuncture is three to six treatments. In this case, the treatment being proposed by the attending provider is markedly in excess of MTUS parameters. It is not clearly stated whether the applicant has had prior acupuncture, although it did not appear that the applicant had in fact had any prior acupuncture treatments. It is further noted that the fact that the applicant is apparently pursuing a repeat lumbar fusion surgery implies that conservative treatments have failed. For all the stated reasons, then, the request for 16 sessions of acupuncture is not certified, on independent medical review.

CHIROPRACTIC TREATMENT X 16: 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): 58-60.

Decision rationale: While pages 58, 59, and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative treatment, with evidence of successful return to work, in this case, however, the applicant has seemingly failed to return to work. Page 50 of the MTUS Chronic Pain Medical Treatment Guidelines state that the initial course of manipulation should be delivered via a six-session clinical trial with further treatment beyond the six-session trial contingent on evidence of successful return to work. In this case, it is stated that the applicant is intent on pursuing a surgical remedy, implying that manipulation is unlikely to be of benefit here. It is reiterated that the 16-session course of treatment is markedly in excess of MTUS parameters. For all the stated reason, then, the request is not certified, on independent medical review.

6 SESSIONS (PAIN PSYCHOLOGY) WITH CBT/BIOFEEDBACK/HYPNOSIS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 25.

Decision rationale: As noted on pages 23 and 25 of the MTUS Chronic Pain Medical Treatment Guidelines, cognitive behavioral therapy and/or biofeedback for chronic pain should be delivered via an initial three- to four-session trial of each modality. In this case, the request in question does represent a first-time request for both cognitive behavioral therapy and biofeedback. The six-session course of treatment comprising of the two separate modalities is indicated and appropriate, given the applicant's superimposed chronic pain and mental health issues. The frequency and number of visit does conform to the MTUS parameters. Therefore, the request is certified, on independent medical review.

ALPHA LIPOIC ACID 200MG CAPSULES, 1 CAP TID FOR 30 DAYS, DISPENSE 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Section Alternative Treatments..

Decision rationale: The MTUS does not address the topic of alternative medications, vitamins, or dietary supplements. However, the 3rd Edition ACOEM Guidelines notes that nutritional supplements, dietary supplements, and/or alternative treatments, and/or vitamins have no proven efficacy in the treatment of chronic pain, as is present here. These medications have not been shown to demonstrate any meaningful benefit or functional improvement in the treatment of various chronic pain conditions, as are present here. Therefore, the request is not certified, owing to the unfavorable ACOEM recommendation.

LIDOCAINE 5% TOPICAL OINTMENT 2 GRAM, TID X 30 DAYS, DISPENSE ONE TUBE: 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): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidocaine ointment or topical Lidoderm is indicated in the treatment of neuropathic pain in individuals in whom there has been trial of first-line antidepressants and/or anticonvulsants. In this case, Final Determination Letter for IMR Case Number CM13-0058372 5 however, there is no clear evidence that first-line antidepressants and/or anticonvulsants have been attempted and/or failed here. The applicant is in fact described as using an antidepressant, Celexa, as well as an anticonvulsant, Gabapentin, without any reported difficulty or impediment, effectively obviating the need for Lidocaine ointment. Accordingly, the request is not certified, on independent medical review.

DUEXIS 800MG - 26.6MG, 1 TAB TID FOR 30 DAYS, DISPENSE 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Famotidine or Pepcid is an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of H2 antagonist and/or proton pump inhibitors in the treatment of NSAID-induced dyspepsia, in this case, however, there is no evidence of NSAID-induced dyspepsia. In fact, on June 4, 2013, the applicant was specifically described as having no evidence of GI upset noted on the review of systems section of the report. Therefore, the request for Duexis is not certified, on independent medical review.