MAXIMUS Federal Services

Case Number:	CM13-0065673		
Date Assigned:	01/03/2014	Date of Injury:	01/06/1999
Decision Date:	04/18/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/13/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 64-year-old female who reported an injury on 01/06/1999. The mechanism of injury was delivering newspaper bundles. The patient's course of treatment to date is unclear; however, she continues to have complaints of persistent neck, left shoulder, and low back pain. Her current diagnoses include cervical strain (847.0), shoulder strain (840), and lumbar strain (847.2). It is noted that the patient received symptom relief with use of H-wave, chiropractic, stretching, and medication; however, her pain levels were consistently 6/10 to 7/10 throughout 2013. A complete list of the patient's medications was not provided for review; however, it is noted that she utilizes ibuprofen 800 mg, Vicodin 5/500 mg, Tylenol, glucosamine, and Lidoderm patches. The physical examination has remained identical from 05/2013 through 12/2013 and revealed intact reflexes, sensation, and muscle strength, with pain to palpation along the cervical and lumbar paraspinous muscles. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROLOTHERAPY FOR THE LOW BACK: 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 Prolotherapy Page(s): 99-10.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend prolotherapy, as there is no evidence supporting its efficacy. As such, the request for prolotherapy for the low back is non-certified.

30 VICODIN 5/500: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend opioids in treating moderate to severe chronic pain. Guidelines recommend that functional measurements be obtained at 6 month intervals and thorough pain assessments be performed at each clinical visit, using a numerical scale or validated instrument. Pain assessments should include the patient's current pain, the least reported pain since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to begin and how long it lasts. The clinical information submitted for review did not provide any documentation of the patient's functional abilities as related to pre and post medication use. In addition, a thorough pain assessment was not performed; the patient's "current pain levels" remained at 6/10 to 7/10 throughout the entire year of 2013. As the clinical records did not provide any evidence of medication efficacy as related to the patient's pain levels and functional abilities, the medical necessity and benefit of this medication cannot be determined at this time. However, opioids are not recommended for abrupt discontinuation, and therefore, it is expected that the physician will allow for safe weaning. As such, the request for 30 Vicodin 5/500 is non-certified.

100 IBUPROPHEN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of NSAIDs to treat exacerbations of lower back pain. Ibuprofen in particular, is recommended at a dose of 400 mg every 4 to 6 hours as needed, in treating mild to moderate pain. Guidelines state that doses greater than 400 mg have not provided greater relief of pain. The patient is currently utilizing 2400 mg of ibuprofen daily. This dosage amount is generally reserved for patients with osteoarthritis and ankylosing spondylitis. As the clinical information submitted for review did not provide any evidence that the patient was diagnosed with either of these conditions, and there is evidence that she has been utilizing this amount of ibuprofen since 06/2013 without discussion

of its benefits, continued use is not indicated at this time. As such, the request for 100 ibuprofen 800 mg is non-certified.

60 GLUCOSAMINE WITH CONDROITIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and chondroitin sulfate) Page(s): 50.

Decision rationale: The California MTUS/ACOEM Guidelines recommend using glucosamine and chondroitin sulfate for patients with moderate arthritis pain, especially for knee osteoarthritis. The clinical information submitted for review did not provide any evidence that the patient had a diagnosis or symptoms of arthritis and therefore, use of this medication is not indicated. As such, the request, for 60 glucosamine with chondroitin is non-certified.

THERMACARE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hot & Cold Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The California MTUS/ACOEM Guidelines recommend application of heat or cold as an option in treating neck, shoulder, and low back pain. Although this may be an appropriate treatment for exacerbations of the patient's pain, there was no indication in any of the clinical notes provided why more traditional methods were not sufficient, or what benefit the patient receives from this modality. Beneficial treatments were listed as H-wave, chiropractic, stretching, and medication. As there is no evidence that this treatment modality is beneficial in decreasing the patient's pain or increasing her function, continued use is not indicated at this time. As such, the request for ThermaCare #60 is non-certified.

LIDODERM #60: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend Lidoderm patch for treatment of neuropathic pain, after there has been evidence of a trial of a tricyclic or SNRI antidepressant or antiepileptic. This medication is only approved for treating neuropathic pain. The clinical information submitted for review provided no evidence that the patient was

experiencing any neuropathic pain. The physical examination remained the same throughout 2013 and revealed intact sensation with no subjective complaints of numbness in the limbs. As the clinical information submitted for review did not provide supporting evidence of the presence of a neuropathy, the continued use of this medication is not indicated. As such, the request for Lidoderm #60 is non-certified.