

Case Number:	CM13-0069092		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2010
Decision Date:	05/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 is a 43 year old female who reported an injury on 05/07/2010 due to a fall. Per the 10/25/2013 clinical note, the injured worker reported low back and neck pain rated at 7-8/10. Physical exam findings included tenderness over the cervical and lumbar paraspinal regions, decreased sensation in the right C5-8, right L4, and left L5 dermatomes, and positive straight leg raise on the right at 45 degrees. The motor strength for bilateral biceps and triceps was 5-/5 and right deltoid at 4+/5. Trapezius spasms were noted bilaterally. The diagnoses included herniated nucleus pulposus at L4-5 and L5-S1, facet arthropathy of lumbar spine, neuroforaminal narrowing at L4-5 and L5-S1, cervical kyphosis with degenerative disc disease with multiple spondylolisthesis, and degenerative disc disease of the thoracic spine. The treatment to date included chiropractic therapy, pain medications, and psychiatric care. An epidural steroid injection was performed at L5-S1 on 04/24/2013 which provided 80% pain relief for two months. The provider recommended a repeat epidural steroid injection, chiropractic treatment for the cervical and lumbar spine, a psychiatric follow up, Lidopro topical ointment, Omeprazole, Hydrocodone, and Cyclobenzaprine. The request for authorization form was submitted on 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LESI BILATERAL L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: The request for a transforaminal lumbar epidural steroid injection at bilateral L5-S1 is not medically necessary. The California MTUS guidelines state the following criteria for the use of an epidural steroid injection: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, pain must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy (live x-ray) for guidance. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. An unofficial MRI performed on 10/25/2012 showed neural foraminal narrowing at L4-5 and L5-S1. The injured worker had a previous ESI at L5-S1 on 04/24/2013 which provided 80% pain relief for 2 months. Per the 10/25/2013 clinical note, the injured worker reported low back and neck pain rated at 7-8/10. Physical exam findings included tenderness over the cervical and lumbar paraspinal regions, decreased sensation in the right C5-C8, right L4, and left L5 dermatomes, and a positive straight leg raise on the right at 45 degrees. The injured worker reported taking one Norco at night. It is unclear whether this is a reduction in medication or the injured worker's baseline. There is also no documentation of any functional improvement. In addition, the current request does not specify if fluoroscopy will be used. As such, the request is not medically necessary.

CHIROPRACTIC SESSIONS TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 101-102, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, PAGE(S), 181-183

Decision rationale: The request for chiropractic sessions two times a week for four weeks is not medically necessary. The California MTUS guidelines state manual therapy of the low back is recommended as an option with a total of up to 18 visits with evidence of objective functional improvement. In regards to elective/maintenance care, guidelines state it is not medically necessary. For recurrences/flare-ups, there needs to be a reevaluation. For cervical pain, ACOEM states physical manipulation as an option for neck pain early in care only. The injured worker has already completed a course of chiropractic therapy with the initial visit dated 03/27/2013. It is unclear how many visits the injured worker completed after this initial evaluation. Per the 07/25/2013 clinical note, the injured worker was having chiropractic sessions two times a week.

It is unclear the total number of visits the injured worker has had. In addition, the request for authorization form submitted on 10/25/2013 requests chiropractic sessions for the lumbar and cervical spine; however, the submitted request does not specify the site of treatment. As such, the request is not medically necessary.

PSYCHIATRIC FOLLOW UP WITH DR PLEASON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request for psychiatric follow up with Dr. Pleason is not medically necessary. The California MTUS guidelines state that psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The clinical documentation submitted indicated the injured worker was currently seeing a psychiatrist who prescribed her multiple medications; however, there was no assessment of the injured worker's mental status to indicate the need for ongoing psychiatric care. As such, the request is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

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

Decision rationale: The request for Lidopro topical ointment 4 ounces is not medically necessary. The California MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains at least one drug that is not recommended is not recommended. Active ingredients in Lidopro ointment include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Topical formulations of Lidocaine, other than Lidoderm, are not supported by guidelines. In addition, the Capsaicin is a 0.0325% formulation and guidelines state there is no indication that a formulation over 0.025% will provide any further efficacy. As such, the request is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, DI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg #60 is not medically necessary. The California MTUS guidelines state a proton pump inhibitor is recommended for patients with current GI problems or those at risk for GI event. Risk factors include age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. The medical records provided show the injured worker was having epigastric pain without NSAID use, despite the long term use of Omeprazole. No other risk factors were present. The lack of other risk factors and efficacy of the medication against the injured worker's pain do not establish medical necessity for an ongoing prescription. As such, the request is not medically necessary.

HYDROCODONE/APAP 5-325 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request for Hydrocodone/APAP 5-325 mg #45 is not medically necessary. In regards to opioid management, the California MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided state the injured worker had been taking one Norco at night. There is no documentation of a full pain assessment, improvement in functional status, appropriate medication use, or side effects. As such, the request is not medically necessary.

CYCLOBENZAPRINE 7.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for cyclobenzaprine 7.5 mg #30 is not medically necessary. The California MTUS guidelines state cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The treatment should be brief. Per the 10/25/2013 clinical note, trapezius spasms were noted and Flexeril 7.5 mg was first prescribed. As of the 11/11/2013 clinical note, the injured worker was still taking Flexeril. Guidelines do not support the ongoing use of Flexeril. As such, the request is not medically necessary.

