

Case Number:	CM13-0070172		
Date Assigned:	01/08/2014	Date of Injury:	09/25/2001
Decision Date:	05/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 Neurology 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 patient is a 67 year old right-hand dominant female receiving treatment for spinal cord (cervical), upper and lower back, left shoulder, bilateral upper arm and mental/mental symptomology (assessed as chronic multifocal musculoskeletal pain syndrome) pursuant to a workplace injury on 9/25/2001. Records indicate that the IW had an interbody fusion (C5-6) in September 2003. The documentation (progress reports and references-to and summaries-of progress reports) reviewed for this case indicate that the patient has been receiving multi-agent analgesic therapy under the care of a multidisciplinary pain management clinic since at least 3/8/2011. The records indicate that chiropractic care was requested (12/1/2011) but there is no record of treatment rendered. Also noted was a request for trigger point injections (7/18/2012) which was denied. A report from 5/3/2013 indicates that the patient did not wish to pursue any further surgical intervention for cervical spine. The treatment plans during her management at the pain clinic primarily indicate successive refills of pain medications (Flexeril, Lidoderm, MS Contin and Norco) with follow-up every 30-45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGICAL CONSULTATION QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.25, PRESUMPTION OF CORRECTNESS, BURDEN OF PROOF AND STRENGTH OF EVIDENCE, 28-32

Decision rationale: While the MTUS does not provide a specific guideline for the utilization of neurological consultations for the express purpose of diagnosis of dementia, Section 9792.25 Presumption of Correctness, Burden of Proof and Strength of Evidence (p. 28) states that conditions or injuries not addressed by the MTUS may receive diagnostic services in accordance with other scientifically and evidence-based guidelines that are nationally recognized by the medical community. Under such assumption, it can be understood that any consult may be warranted if the treating physician has clinical documentation to support the medical necessity for the consultation. In this case, specifically, there are no records indicating change in mental status; and there are no reports that the patient has suffered mental or cognitive impairment leading to medication mis-management or any other problems in managing aspects of daily living. A generalized description of forgetfulness and difficulty sleeping without record of notable impairment is not adequate evidence of the medical necessity for a neurological consult for the purpose of dementia assessment. Summarily, it is not a medical necessity to perform a diagnostic service to screen for a possible diagnosis under the condition that the possible diagnosis might interfere with future treatment where the current treatment is as yet unaffected. Request for a neurological consult is not warranted.

FLEXERIL 5 MG TABLETS QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLEXERIL Page(s): 41,60-61.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines indicate that with regard to Cyclobenzaprine (Flexeril) treatment should be brief, noting that the greatest effect occurs within the first four days of use and that its use with other agents is not recommended. It is not recommended to be Final Determination Letter for IMR Case Number CM13-0070172 4 used for longer than two to three weeks, and it is further not recommended for chronic use in treatment of chronic pain. MTUS further states that medications in this class show diminishing efficacy over time and that prolonged use may lead to dependence. Records indicate that this patient has been treated with Cyclobenzaprine recurrently and for long periods of time. Continuation of treatment with Flexeril is not medically necessary.

LIDODERM 5% PATCHES QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
LIDODERM Page(s): 56-57.

Decision rationale: Lidoderm patches are not recommended as a first-line treatment for chronic pain unless there is documented neuropathic pain which fails to be mediated by recommended first-line treatments such as tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The documentation reviewed does not provide evidence of failed trials with regard to these other recommended agents, and there is no definitive documentation or clinical diagnostics indicating a neuropathic source of pain. The FDA has approved this medication only for post-herpetic neuralgia. The use of Lidoderm patches is not medically necessary.