

Case Number:	CM13-0070331		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2011
Decision Date:	04/24/2014	UR Denial Date:	12/13/2013
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 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of May 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; attorney representation; unspecified amounts of chiropractic manipulative therapy; interventional spine procedures, including SI joint blocks, facet joint blocks, and epidural injections; and extensive periods of time off of work. In a Utilization Review Report of December 14, 2013, the claims administrator partially certified a request for Norco, apparently for weaning purposes, denied a request for LidoPro cream, denied a Functional Capacity Evaluation; denied eight sessions of chiropractic manipulative therapy; and denied laboratory testing for medication monitoring. The applicant's attorney subsequently appealed. A clinical progress note of November 13, 2013 is notable for comments that the applicant reports persistent low back pain. It is stated that the applicant has had seven prior sessions of physical therapy and seven sessions of chiropractic manipulative therapy in 2012-2013. The applicant reports persistent low back pain, 10/10. She is on Vicodin and Advil but states that these medications do not provide much relief. Diminished lower extremity strength is noted in the 4+ to 5-/5 range. The applicant is given a 12% whole-person impairment rating. Norco and LidoPro cream are refilled. Additional chiropractic manipulative therapy is endorsed. Permanent work restrictions are imposed. It does not appear that the applicant is working. An FCE is also sought. In a clinical progress note of November 12, 2013, it is stated that the applicant has had 17 sessions of chiropractic manipulative therapy. The applicant last worked in June 2011, it is noted. A medication panel to evaluate the applicant's renal and hepatic function was sought at that point, along with additional manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 7.5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of a successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, it does not appear that the applicant meets any of the aforementioned criteria. On the most recent progress note of November 13, 2013, the attending provider stated that ongoing usage of hydrocodone/Vicodin had not been particularly beneficial. The applicant was using three Vicodin/Norco a day and was not apparently deriving any benefit from the same, the attending provider noted. The applicant had failed to return to work despite opioid therapy with Vicodin/Norco. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary and appropriate.

UNKNOWN PRESCRIPTION OF LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: LidoPro is an amalgam of several topical ingredients, including lidocaine. However, as noted on page 112 of the MTUS Chronic Pain Guidelines, topical lidocaine is indicated only in the treatment of neuropathic pain in individuals in whom there has been a trial and/or failure of first-line antidepressants and/or anticonvulsants. In this case, however, there has been no evidence of oral antidepressant or anticonvulsant failure. It is further noted that the applicant has used this particular topical compound for some time and has failed to achieve any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work, on total temporary disability, and has not worked in well over two years. The applicant remains highly reliant on various medications and treatments, including manipulation, acupuncture, physical therapy, etc. All of the above, taken together, imply a lack of functional improvement despite ongoing usage of LidoPro. Therefore, the request for further LidoPro is not medically necessary and appropriate.

8 CHIROPRACTIC MANIPULATION TREATMENTS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: As noted on pages 58, 59, and 60 of the MTUS Chronic Pain Guidelines, anywhere from 18 to 24 sessions of chiropractic manipulative therapy can be supported in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant has had at least 17 prior sessions of chiropractic manipulative therapy and has failed to achieve or maintain successful return to work status despite having completed the same. Further chiropractic manipulative therapy is not indicated, given the applicant's failure to return to any form of work at the two-and-half-year mark of the date of injury. Therefore, the request is not medically necessary and appropriate.

ONE FUNCTIONAL CAPACITY EVALUATION OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Work Hardening Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138

Decision rationale: The MTUS Chronic Pain Guidelines do support Functional Capacity Evaluations as a precursor to enrolment in a work hardening or work conditioning program. In this case, however, there is no indication that the applicant is intent on enrolling in or attending a work hardening or work conditioning course. Chapter 7 of the ACOEM Guidelines state that functional capacity evaluation (FCE) testing is overly used, widely promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the applicant is off of work and has been off of work for well over two years. There is no indication that the applicant is intent on returning to the workplace and/or workforce. No compelling rationale for an FCE has been provided. Therefore, the request is not medically necessary and appropriate.

1 MED PANEL FOR MONITORING OF MEDICATIONS: Overturned

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 section on NSAIDs Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Guidelines, routine suggested monitoring in applicants using NSAIDs chronically include periodic laboratory monitoring via CBC and chemistry profile to include liver and renal function testing. In this

case, the attending provider wrote on his November 12, 2013 progress note that he was seeking a med panel to evaluate the applicant's renal and hepatic function. While the applicant does not appear to be using NSAIDs, the applicant is using numerous other agents, including Norco/Vicodin and Flexeril. Periodic laboratory testing to ensure that the applicant's current levels of renal and hepatic functions are compatible with prescribed medications is indicated, appropriate, and, by analogy supported by page 70 of the MTUS Chronic Pain Guidelines. Therefore, the request is medically necessary and appropriate.

1 EMG/NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, section on Electromyography

Decision rationale: The attending provider wrote that the applicant had radiculopathy with radicular complaints and MRI imaging findings consistent with radiculopathy. The attending provider also wrote on a pain management consultation of November 13, 2013 that the applicant had imaging evidence of a right S1 radiculopathy and had had earlier EMG testing in November 2013 which also was consistent with an S1 radiculopathy. Repeat EMG testing is therefore unnecessary as the applicant already has clinical, radiographic, and electrodiagnostic evidence of lumbar radiculopathy. As noted in the ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is "not recommended." The MTUS does not address the topic of nerve conduction of the bilateral lower extremities. However, as noted in the Third Edition ACOEM Guidelines on electromyography and nerve conduction testing, nerve conduction testing can be used to identify or rule out conditions such as a generalized peripheral neuropathy which can mimic sciatica. However, ACOEM Guidelines note that nerve conduction studies are typically normal in radiculopathy. In this case, the applicant was described on a November 13, 2013 progress note as having a negative past medical history. Thus, there is no evidence of any systemic process such as diabetes or hypertension which would make a generalized peripheral neuropathy more likely here. No compelling case has been made for nerve conduction testing. It is further noted that the applicant already appears to carry a diagnosis of clinically evident, radiographically confirmed lumbar radiculopathy. Nerve conducting testing to search for another source of lower extremity pain is superfluous. Accordingly, the request for one EMG/NCS of the bilateral lower extremities is not medically necessary and appropriate.