

Case Number:	CM14-0012201		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2013
Decision Date:	08/04/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/30/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 62-year-old male who was injured on 4/24/13. He was diagnosed with carpal tunnel syndrome, lateral epicondylitis, elbow extensor tendon partial tear, disc disease in lumbar/cervical/thoracic spine with associated chronic pain in those areas, lumbar anterolisthesis, and facet arthropathy in cervical/thoracic/lumbar areas. He was treated with conservative modalities including oral and topical analgesics, manipulation and home exercises, which helped the worker walk farther, have slightly less pain in his neck, and back for over short durations. These improvements were reported on some days, but other days he reported no significant change after manipulation. On 11/8/13, the worker was seen by his spine orthopedic physician complaining of neck and back pain rated at 5-7/10 on the pain scale, and that most of his pain was in his lower back. He also reported radiation of pain down left arm down to hand. He reported completing a total of 16 chiropractor visits up to that point and 7 acupuncture sessions. He reported not working. He reported using his ketoprofen, Zanaflex and LidoPro for his pain and muscle spasms as well as trazodone at night. Physical examination was remarkable for decreased range of motion in cervical and lumbar spine and reduced strength in left leg. He was recommended injections but refused. He was then recommended to continue chiropractor sessions (8 additional), continue the then current medications, and follow-up at that office in six weeks as well as with his general orthopedic doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants, or an antiepilepsy drug (AED) such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, it is not found in the documents available for review that the worker had used any other medication for his neuropathic pain. Also, no evidence of functional and pain-relief benefits were discussed specifically in the notes available for review in order to justify its continuation. Therefore, without this documented review and evidence of failure of other first-line medications, the LidoPro is not medically necessary.

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS(FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using this medication on an ongoing basis chronically, which is not recommended. In addition, there is no evidence of an exacerbation of his pain or spasms that might justify a short-term course of a muscle relaxant. Therefore, the cyclobenzaprine is not medically necessary.

8 CHIROPRACTIC SESSIONS FOR NECK AND BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck section, Manipulation.

Decision rationale: The MTUS Chronic Pain Guidelines state that chiropractor manipulation sessions may be recommended for chronic pain caused by musculoskeletal conditions. The goal of treatment is to help improve the patient's functional abilities and pain as they continue their exercise program. For low back pain, the MTUS suggests an initial trial of six visits over two weeks, and only with evidence of functional improvement, an additional 12 visits over 6-8 weeks may be recommended. For flare-ups, it is required to re-evaluate treatment success, and if the patient returns to work, then 1-2 visits every 4-6 months may be recommended if helpful at keeping the patient working. The MTUS does not address manipulation/manual therapy specifically for chronic neck and upper back complaints. The Official Disability Guidelines (ODG) recommends manual therapy/manipulation as an option for upper back and neck pain related to mechanical disorders. For regional neck pain, the ODG recommends an initial trial of six visits over two weeks to evaluate for functional and pain-lowering benefits, then a consideration of up to nine total visits over 8 weeks with evidence of benefit. In the case of this worker, he had completed 16 sessions of manipulation with minimal to no benefit, and since he is not working as a sign of benefit, continuation of manipulation therapy beyond this number of sessions is not medically necessary.

GENERAL ORTHOPEDIC FOLLOW-UPS WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Procedure Summary (last updated 10/14/13), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The Official Disability Guidelines (ODG), however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this worker, it is unclear as to the role of the general orthopedic physician. The worker certainly needs a primary point of care, but the worker has requested to not move beyond conservative care. Without more evidence (for the reviewer) of a productive role in the worker's medical care and management, the general orthopedic follow-ups are not medically necessary.

FOLLOW-UP IN SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Procedure Summary (last updated 10/14/13), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the need of a spine specialist seems unnecessary, since the worker wishes to avoid more invasive interventions such as injections and surgery. A primary care provider could manage his care at this point, based on the documents available for review on this worker. Therefore, without evidence for the contrary, the follow up visits with the spine specialist is not medically necessary.