

Case Number:	CM14-0013292		
Date Assigned:	02/26/2014	Date of Injury:	01/13/2004
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 Physician 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 57-year-old female who reported an injury on 01/13/2004. The mechanism of injury was reported from continuous trauma. Within the clinical note dated 01/06/2014, the injured worker complained of neck pain with burning sensation that radiated to the mid back and numbness to both forearms and hands; difficulty with both hands worse on the left than the right. The injured worker rated her pain at 5/10 with medication. The injured worker has undergone an anterior cervical discectomy and interbody fusion at C5-6 and C6-7 levels with evidence of solid bony fusion at this level. Upon physical exam, the provider noted a faint scar over the anterior cervical spine. Palpation of the paracervical musculature showed no tenderness. There was also slight tightness and spasms noted over the lower paracervical muscle. Active range of motion of flexion was 70% of normal and extension 60% of normal. The provider noted Spurling's sign was negative on both sides. The injured worker had diagnoses of right cervical radiculopathy; status post 2 level fusion surgery on 01/15/2009. The provider requested for 6 additional physical therapy/occupational therapy appointments, lidocaine patch 5% 1 to 2 patches every 24 hours, and Norco 7.5/325 mg twice a day as needed #60. However, the rationale was not provided for review within the documentation. The request for authorization was submitted and dated on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL/OCCUPATIONAL THERAPY; 6 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical/occupational therapy 6 visits is not medically necessary. The injured worker complained of pain with burning sensation that radiated to the midback and numbness to both forearms and hands. The injured worker reported difficulty with both hands worse on the left. The injured worker rated the pain at 5/10 with medication. The California MTUS Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For myalgia and neuralgia, the guidelines recommend 8 to 10 visits. There was lack of documentation indicating the injured worker's prior course of therapy as well as the efficacy of the prior therapy. The provider's rationale for physical therapy was unclear. There was a lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and increased strength or flexibility. Therefore, the request for physical therapy/occupational therapy 6 visits is not medically necessary.

LIDOCAINE PATCH 5% 1-2 PATCHES Q24HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for lidocaine patch 5% 1 to 2 patches every 24 hours is not medically necessary. The injured worker complained of pain with burning sensation that radiated to the midback and numbness to both forearms and hands. The injured worker reported difficulty with both hands worse on the left. The injured worker rated the pain at 5/10 with medication. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. Guidelines also recommend topical analgesics for short-term use of 4 to 12 weeks. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. There was lack of documentation the injured worker had signs and symptoms or diagnosed with osteoarthritis. There was lack of documentation indicating the injured worker to have neuropathic pain. The documentation provided did not indicate if the injured worker tried and failed first-line agents for management of neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period of time since 01/2014 which exceeds the guideline recommendation of 4 to 12 weeks. Therefore, the request for lidocaine patch 5% 1 to 2 patches every 24 hours is not medically necessary.

NORCO 7.5/325 MG BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg twice a day as needed #60 is not medically necessary. The injured worker complained of pain with burning sensation that radiated to the midback and numbness to both forearms and hands. The injured worker reported difficulty with both hands worse on the left. The injured worker rated the pain at 5/10 with medication. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a 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 guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Norco 7.5/325 mg twice a day #60 is not medically necessary.