

Case Number:	CM14-0016364		
Date Assigned:	04/11/2014	Date of Injury:	02/06/2007
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 49 year old female who was injured from April 2006 through February 6, 2007. She sustained an injury to her head, neck, back and internal due to cumulative trauma, while performing her usual and customary work as an administrative assistant. The patient underwent revision neck surgery on 05/28/2013; a cervical fusion at C5-6. In September of 2013, she started postoperative rehab and continues to attend physical therapy twice a week. She had one land therapy session to date. Urine Drug Screen dated 01/13/2014 tested positive for acetaminophen screen. QME dated 12/05/2013 reports since her surgery, the patient claims she has constant pain rated at 9-10/10 in her neck but the sharp, stabbing pain and tingling in the upper extremities have resolved. She is currently attending a special effects class for 8 hours every Sunday for the next 5 weeks. She is always in discomfort. She has to modify her activities due to her injury. She was advised to decrease her Skelaxin and ibuprofen because of concern of liver damage. She takes Norco 5 tablets per week and a Lidoderm patch. She is currently not working. She takes Norco, Skelaxin and ibuprofen. She does a home exercise program daily. The patient's present status is remarkable for neck pain that is reduced to 7/10 with the Norco. She has a constant burning rated as 3/10 level pain in her shoulders, shoulder blades, right elbow, and left elbow; right wrist which increases to 9-10/10 level pain with repetitive activity and physical therapy. She has posterior neck pain that shoots up her head to the forehead which occur almost every day since she started pool therapy for this month. Her medications include BuSpar 15 mg; Effexor XR 150 mg twice a day for depression; Wellbutrin 150 mg; Xanax 1-2 times per day; Ambien 1 mg at bedtime but only on weekends; Unknown headache medication; Skelaxin 1-2 times per week; ibuprofen 800 mg 1-2; Lidoderm/Lidocaine patch 5% every night; and Norco 5 mg, about 4 to 5 tablets per week. On examination of the cervical spine, range of motion exhibits flexion to 40 degrees; extension to 30 degrees; head tilt

is 30 degrees bilaterally; and rotation to 60 degrees right and 50 degrees left; Cervical paraspinal muscles on the right is tender as well as trapezial tenderness. Active range of motion is decreased on the right in active abduction. Impingement signs, Neer and Hawkins' signs cause complaint of pain throughout the right shoulder and neck area on the right, negative on the left; Speed and supraspinatus are with complaint of pain from the shoulder to the elbow causing an ache on the right. External and internal rotation strength of the shoulders is 5/5 bilaterally. Neurosurgeon consultation report dated 04/21/2013 states that overall, her neurological status remains unchanged. She has no symptoms of myelopathy and she has recovered rather well, although she is probably pushing too hard at this point with physical activity. The patient would benefit from a continuation of aquatic therapy. It can be even self-administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR FIORICET #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page(s): 47.

Decision rationale: According to California MTUS, Barbiturate-containing analgesic agents (BCAs), such as Fioricet, are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Other, more appropriate options are available. The medical necessity of this request is not established.

PRESCRIPTION FOR LIDODERM PATCH 5% #30: Upheld

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

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

Decision rationale: The guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has a neuropathy. The patient has complaints of musculoskeletal bilateral knee and bilateral shoulder pain, and is diagnosed with impingement of the bilateral shoulders and internal derangement of the bilateral knees, with history of surgeries. The medical records do not reveal any subjective and objective findings of a neuropathic pain condition. The medical records do

not establish Lidoderm is appropriate and medically necessary for this patient. The medical records establish Lidoderm patch is not medically necessary.

12 SESSIONS (2X6) POST-OPERATIVE AQUATIC REHABILITATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines.

Decision rationale: According to California MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, such as for extreme obesity. According to the medical records, the patient underwent cervical fusion in May 2013. She is one year post surgery. She has exceeded the postsurgical treatment period. The medical records document the patient has been attending post-operative PT. The total number of sessions completed is not documented. There is no indication the patient requires reduced weight-bearing. In addition, at this juncture, the patient should be well versed in independent home exercise program, which she can continue to utilize on a regular basis to manage residual deficit and maintain functional gains. The medical necessity of the request is not established.

6 SESSIONS (1X6) MYOFACIAL RELEASE RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to California MTUS guidelines, massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The medical records do not document current subjective symptoms with corroborative objective findings that establish the medical necessity of the requested passive modality.