

Case Number:	CM14-0131641		
Date Assigned:	08/20/2014	Date of Injury:	08/04/2009
Decision Date:	09/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Interventional Spine 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 53 years old female with an injury date on 08/04/2009. Based on the 07/31/2014 progress report provided by [REDACTED], the diagnoses are: Invertebral disc disease; Cervical radiculopathy; Lumbar radiculopathy. According to this report, the patient complains of neck pain with numbness of the hands and back pain that radiates down both legs with numbness. The patient rated the pain as an 8/10. Lidocaine patches help relief pain. Tenderness to palpation is noted at the cervical, thoracic and lumbar spine. Positive straight leg raise was noted bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/29/2013 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

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

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

Decision rationale: According to the 07/31/2014 report by [REDACTED] this patient presents with neck pain with numbness of the hands and back pain that radiates down both legs with numbness. The treating physician is requesting Lidoderm Patch 5%. Lidoderm patch was first mentioned in the 03/20/2013 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has lower extremity neuropathic pain but this is not localized. The treating physician does not discuss where lidoderm patches are used and with what effect. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Recommendation is the request is not medically necessary.

Tizamide Hydrochloride Tablets 4 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: According to the 07/31/2014 report by [REDACTED] this patient presents with neck pain with numbness of the hands and back pain that radiates down both legs with numbness. The treating physician is requesting Tizanidine Hydrochloride Tablets 4 Mg. MTUS guidelines do support Zanaflex for chronic low back pain, myofascial pain and fibromyalgia pains. In this case, given the patient's chronic pain, use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, without knowing the prescription dosing and the patient's response to the medication, the recommendation is that the request is not medically necessary.

Chiropractic Sessions for Cervical, Thoracic, and Lumbar Areas QTY: 12: 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 Chiropractic care; Chiropractic treatment Manual therapy Page(s): 30 of 127 : 58 of 127.

Decision rationale: According to the 07/31/2014 report by [REDACTED] this patient presents with neck pain with numbness of the hands and back pain that radiates down both legs with numbness. The treating physician is requesting 12 sessions of Chiropractic care for the cervical, thoracic and lumbar areas. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, review of reports show the patient has had chiropractic care in the past, "which has helped" but number of sessions and time frame are unknown. There was no documentation of functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18

sessions of chiro treatments following initial trial of 3-6, in this case, chiro therapy treatment history is not known. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is that the request is not medically necessary.