

Case Number:	CM14-0167394		
Date Assigned:	10/14/2014	Date of Injury:	10/31/1994
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 63-years old male with an injury date on 10/31/1994. Based on the 09/12/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical radiculopathy; left C7; T12. Myofascial pain syndrome3. Shoulder impingement syndrome4. Facet arthropathy: Lumbar5. Spondylosis: LumbarAccording to this report, the patient complains of "increasing cervical myofascial pain and stiffness for the past months" and low back pain. Pain is described as sharp, throbbing, pin & needles, numbness, electrical/shooting, burning, stinging, weakness, and spasm. Patient indicates that on a good day pain is a 7/10 and on bad day pain is a 10/10. Physical exam reveals tenderness over the paracervical muscles left greater than right and left AC joint. Severe tenderness is noted over the lumbar facet joint and left knee joint. Hawkin and Neer test are positive on the left. Decreased sensation is noted at the left little finger, ring finger, medial half of middle finger, and right lower extremities. Deep tendon reflexes of the lower extremities are decreased bilaterally.The patient is "in a power wheel chair die to spastic paraplegia on the right from the stroke." Patient's treatments history includes nerve blocks, injections, epidural steroid, narcotic pain medication, physical therapy, TENS and Psychiatris/Psychologist. Past surgical history includes left knee and left shoulder. There were no other significant findings noted on this report. The utilization review denied the request on 09/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Weekly Manual Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myofascial Release.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment, Manual therapy & manipulation Page(s): 30, 58.

Decision rationale: According to the 09/12/2014 report by [REDACTED] this patient presents with increasing cervical myofascial pain and stiffness for the past months" and low back pain. The treater is requesting 8 sessions of manual therapy. The utilization review certified the request to 6 sessions. Regarding manual therapy and 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 the medical file does not show any chiropractic care or any discussions thereof. The patient's injury dates back 20 years. It is possible the patient has had chiropractic care in the past with the documentation not provided. A short course may be reasonable. However the requested 8 sessions exceed what the guidelines recommended as trial of 6 visits. UR approval of 6 sessions was appropriate but not the entire 8 sessions. Therefore, 8 Weekly Manual Therapy Sessions are not medically necessary.

Cyclobenzaprine HCL 5 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines For Pain, Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 09/12/2014 report by [REDACTED] this patient presents with increasing cervical myofascial pain and stiffness for the past months" and low back pain. The treater is requesting Cyclobenzaprine HCL 5mg #60 with 5 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treater is requesting Cyclobenzaprine HCL #60 with 5 refills and this medication was first noted in the 04/03/2014 report. Cyclobenzaprine HCL is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, Cyclobenzaprine HCL 5 MG #60 with 5 Refills is not medically necessary.

Xanax XR 1 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: According to the 09/12/2014 report by [REDACTED] this patient presents with increasing cervical myofascial pain and stiffness for the past months" and low back pain. The treater is requesting Xanax Xr 1mg #30. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Xanax Xr since 04/13/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. MTUS does not support long-term use of this medication for Xanax XR 1 MG #30 is not medically necessary.

Lidoderm Patches 5 Percent #30 with 5 Refills: Upheld

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

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

Decision rationale: According to the 09/12/2014 report by [REDACTED] this patient presents with increasing cervical myofascial pain and stiffness for the past months" and low back pain. The treater is requesting Lidoderm Patches 5% #30 with 5 refills. Lidoderm patch was first mentioned in the 04/13/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has cervical and lumbar neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, Lidoderm Patches 5 Percent #30 with 5 Refills is not medically necessary.