MAXIMUS Federal Services

Case Number:	CM14-0025880		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2002
Decision Date:	07/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitaion 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:

This 70 year-old patient sustained an injury on 8/30/2002 from a slip and fall while employed by [redacted]. Request(s) under consideration include Celebrex 200mg #180, Restoril 15mg # 180, Chiropractic Treatment # 12.00, and Lidocaine 5% # 180. The patient has been P&S for diagnoses of cervical radiculopathy; left shoulder internal derangement; chronic low back pain; and lateral epicondylitis. Report of 2/10/14 from the provider noted chronic increased neck, upper back, and low back pain with bilateral arm weakness. Pain was helped by Vicodin, Lidoderm, Valium, and Celebrex. She continues TENS (Transcutaneous Electric Nerve Stimulation) unit and cervical traction unit. The patient has not yet started the 4 sessions of chiropractic care approved. Exam showed tightness and TTP (Tenderness to Palpation) of the paraspinals, trigger points in the trapezius. Findings were essentially unchanged from report of 1/28/13. Treatment included multiple medication refills, continued Chiropractic care along with acupuncture. Work status was referred to chiropractic primary treating physician. Per provider, the cervical spine imaging of 2/10/14 showed C5-6 osteophyte with moderate to severe left neural foraminal narrowing. Request(s) for Celebrex 200mg #180.00 and Restoril 15mg # 180.00 were partially-certified for quantity of #60 and the Chiropractic Treatment # 12.00, and Lidocaine 5% # 180.00 were non-certified on 2/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200MG QTY 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 70 year-old patient sustained an injury on 8/30/2002 from a slip and fall while employed by [redacted]. Request(s) under consideration include Celebrex 200mg # 180.00, Restoril 15mg # 180.00, Chiropractic Treatment # 12.00, and Lidocaine 5% # 180.00. The patient has been P&S for diagnoses of cervical radiculopathy; left shoulder internal derangement; chronic low back pain; and lateral epicondylitis. Report of 2/10/14 from the provider noted chronic increased neck, upper back, and low back pain with bilateral arm weakness. Chronic symptoms and clinical findings remain unchanged with medication refilled. Request for Celebrex 200mg # 180.00 was partially-certified for quantity of #60 on 2/24/14 citing guidelines criteria and lack of medical necessity. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's (Non-Steroidal Anti Inflammatory Drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Therefore, the request for Celebrex 200mg # 180.00 is not medically necessary and appropriate.

RESTORIL 15MG QTY 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 70 year-old patient sustained an injury on 8/30/2002 from a slip and fall while employed by [redacted]. Request(s) under consideration include Celebrex 200mg # 180.00, Restoril 15mg # 180.00, Chiropractic Treatment # 12.00, and Lidocaine 5% # 180.00. The patient has been P&S for diagnoses of cervical radiculopathy; left shoulder internal derangement; chronic low back pain; and lateral epicondylitis. Report of 2/10/14 from the provider noted chronic increased neck, upper back, and low back pain with bilateral arm weakness. Chronic symptoms and clinical findings remain unchanged with medication refilled. Request for Restoril 15mg #180 was partially-certified for quantity of #60 on 2/24/14 citing guidelines criteria and lack of medical necessity. Restoril is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring

within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. Therefore, the request for Restoril 15mg # 180 is not medically necessary and appropriate.

CHIROPRACTIC TREATMENT QTY 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This 70 year-old patient sustained an injury on 8/30/2002 from a slip and fall while employed by [redacted]. Request(s) under consideration include Celebrex 200mg # 180.00, Restoril 15mg # 180.00, Chiropractic Treatment # 12.00, and Lidocaine 5% # 180.00. The patient has been P&S for diagnoses of cervical radiculopathy; left shoulder internal derangement; chronic low back pain; and lateral epicondylitis. Report of 2/10/14 from the provider noted chronic increased neck, upper back, and low back pain with bilateral arm weakness. The patient has not yet started the 4 sessions of chiropractic care recently approved. It is medically appropriate to receive documented functional benefit from these sessions rendered prior to further consideration. Chronic symptoms and clinical findings remain unchanged with medication refilled. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed for this 2002. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. Therefore, the request for twelve (12) Chiropractic Treatment sessions is not medically necessary and appropriate.

LIDOCAINE 5% QTY 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This 70 year-old patient sustained an injury on 8/30/2002 from a slip and fall while employed by [redacted]. Requests under consideration include Celebrex 200mg # 180.00, Restoril 15mg # 180.00, Chiropractic Treatment # 12.00, and Lidocaine 5% # 180.00. The patient has been P&S for diagnoses of cervical radiculopathy; left shoulder internal derangement; chronic low back pain; and lateral epicondylitis. Report of 2/10/14 from the provider noted chronic increased neck, upper back, and low back pain with

bilateral arm weakness. It is medically appropriate to receive documented functional benefit from these sessions rendered prior to further consideration. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidocaine 5% # 180 is not medically necessary and appropriate.