

Case Number:	CM14-0025909		
Date Assigned:	06/04/2014	Date of Injury:	10/03/1994
Decision Date:	09/10/2014	UR Denial Date:	02/20/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 3, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a utilization review report dated February 20, 2014, the claims administrator failed to approve chiropractic manipulative therapy, Neurontin, Tramadol, Robaxin, Lidoderm patches, topical compounds, and a urine drug screen. The claims administrator did not incorporate cited guidelines into its rationale in any of the decisions in question, it is incidentally noted. The applicant's attorney subsequently appealed. A February 12, 2014 progress note was notable for comments that the applicant felt that her medications were critical for pain management. The attending provider stated that the ongoing usage of medications allowed the applicant to perform daily chores without associated side effects. The applicant stated that she was angered and confused as to why her medical care was being restricted when there have been no such issues in the past. The applicant was on Relafen, Midrin, various topical compounds, Neurontin, and Tramadol, it was suggested. Permanent work restrictions were endorsed. 12 sessions of physical therapy were sought. The attending provider stated that he was not aware that the applicant had previous chiropractic manipulative therapy and therefore sought 12 sessions of the same. Lidoderm, Neurontin, and Ultram were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS X12 CERVICAL SPINE: 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 page 58, Manual Therapy Manipulation topic. Page(s): 58.

Decision rationale: Per the attending provider, this is a first time request for chiropractic manipulative therapy. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of the same is "four to six visits." In this case, the request for 12 sessions of initial chiropractic manipulative therapy, then, represents treatment two to three times MTUS parameters. No rationale for the same has been provided. Therefore, the request is not medically necessary.

NEURONTIN 100MG CAPSULE 1 TABLET FOR 30 DAYS, DISPENSE 60 TABLET, DATE OF SERVICE 2-12-14: Overturned

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 page 19, Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's using Gabapentin and Neurontin should be asked at each visit as to whether there have been improvements in pain or function with the same. In this case, the attending provider has posited that ongoing issues of Gabapentin has improved the applicant's ability to perform household chores, move about, and reportedly remained functional. The applicant is also reporting appropriate analgesia with ongoing Neurontin usage, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

ULTRAM 50MG 1 TABLET UP TO 3 TIMES A DAY FOR HER PAIN, DISPENSE 100 TABLET DATE OF SERVICE 2-12-14: Overturned

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 page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the

same. In this case, while the applicant has not returned to work, this could, in part, be a represented function of the applicant's age (70) as opposed to the industrial injury. The attending provider, moreover, has posited that the applicant is reporting appropriate analgesia with ongoing Ultram usage and that the applicant, moreover, is able to move about, perform household chores, and perform other activities of daily living with ongoing Ultram usage. Therefore, continuing Ultram, on balance appears to be indicated. Accordingly, the request is medically necessary.

ROBAXIN 750MG TABLET, DISPENSE 60 TABLET DATE OF SERVICE 02-12-14:

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 page 63, Muscle Relaxants topic. Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxant such as Robaxin are recommended for short-term use purposes, to treat acute exacerbations of chronic low back pain. Muscle relaxants are not, conversely, recommended for the chronic, long-term, and/or schedule use purpose for which Robaxin is seemingly being employed here, as suggested by the 60 tablet request put forth by the attending provider. Therefore, the request was not medically necessary.

NEURONTIN 300MG P.O. B.I.D. P.R.N.: Overturned

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 page 19, Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of MTUS Chronic Pain Medical Treatment Guidelines, applicant's using Gabapentin and Neurontin should be asked at each visit as to whether there have been appropriate improvements in pain and/or function with the same. In this case, the attending provider has posited the ongoing usage of Gabapentin or Neurontin has diminished the applicant's pain complaints and ameliorates the ability to perform activities of daily living, including self-care, personal hygiene, household chores, and ambulating. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

LIDODERM 5% 700MG/PATCHADHESIVE PATCH TRANSDERMAL PATCH FOR 30 DAYS DISPENSE 30 PATCHES: 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 page 112, Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of Lidoderm patches in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing, reportedly successful usage of Gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request for Lidoderm patches is not medically necessary.

CAPSAICIN 0.025% TOPICAL CREAM 1-2 GRAMS EVERY 8 HOURS PRN FOR 30 DAYS/ DISPENSE 2 TUBES: 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 page 28, Topical Capsaicin topic. Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, the topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, per the attending provider, the applicant is responding favorably to ongoing usage of variety of first-line oral pharmaceuticals, including Neurontin and Tramadol, both of which have been approved through this independent medical review report, effectively obviating the need for topical capsaicin. Therefore, the request is not medically necessary.

URINE DRUG SCREEN DATE OF SERVICE 2-12-14: 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 page 43, Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation 2. ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context present here, the MTUS does not established specific parameters for or identify frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing Topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, indicate when the last time the applicant was tested, and attach the applicant's complete medication list to the request for authorization for testing. In this case, however, none of the aforementioned criteria were made. The attending provider did not state when the last time the applicant was tested. The applicant's complete medication list was not attached to the request for authorization for

testing. Finally, it was not clearly stated which drug tests and/or drug panels were being tested for here. Therefore, the request was not medically necessary.