

Case Number:	CM14-0041761		
Date Assigned:	09/12/2014	Date of Injury:	01/19/2010
Decision Date:	10/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 69-year-old female (per the 02/10/2014 clinical note) with a reported date of injury on 01/19/2010. The mechanism of injury was a fall. The injured worker had diagnoses of shoulder pain, spasm of muscle, thoracic pain and low back pain. Prior treatments and diagnostic studies were not indicated within the medical records received. Surgeries included right shoulder rotator cuff repair of unknown date. The injured worker had complaints of frequent and severe pain rated at 8/10 in the neck, upper back and right shoulder. The clinical note dated 02/10/2014 noted the injured worker had spasms, tenderness to palpation, tight muscle band, and trigger point of the right side of the paravertebral muscles of the thoracic spine. The injured worker's range of motion was 75 degrees of flexion with pain, 10 degrees of extension with pain, 5 degrees of right and left lateral bending with pain. The paravertebral muscles of the lumbar spine had tenderness to palpation, spasms, tight muscle band and trigger point with radiating pain with palpation. The injured worker had a positive lumbar facet loading test on the right and a negative straight leg raise. The injured worker's right shoulder movements were restricted with 110 degrees of flexion and abduction with tenderness to palpation in the acromioclavicular joint and subdeltoid bursa. The injured worker's motor strength of the EHL was 4+/5 on right and 5-/5 on left, ankle dorsi flexor's was 4+/5 on right and 5-/5 on left, ankle planter flexor's was 4+/5 on right and 5-/5 on left, knee extensor's was 5/5 on right and left and, 4+/5 right and left hip flexors. The injured worker had decreased sensation to light touch over the right lateral and medial foot and the right lateral calf. The injured worker's deep tendon reflexes were 2/4 on the right and left side with knee jerks and 1/4 right sided ankle jerk and 2/4 left sided ankle jerk. Medications included Lidoderm patches. The treatment plan included the physician's recommendation for Lidoderm patches, a urine drug screen and chiropractic physiotherapy. The rationale was to avoid the use of oral medications to minimize possible GI and neurovascular

complications associated with the use of narcotic medications and, the use of chiropractic treatment as a conservative treatment in lieu of surgical interventions or injections. The request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatment sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 153-154, 173, 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines, back chapter, manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The injured worker had complaints of frequent and severe pain rated at 8/10 in the neck, upper back and right shoulder. The California MTUS guidelines recommend chiropractic treatment for chronic pain caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manual therapy and manipulation is recommended as an option for the low back with a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The injured worker had complaints of pain in the upper back, neck and right shoulder, for which the guidelines do not recommend chiropractic treatment. Furthermore, the request for 12 chiropractic visits exceeds the guideline recommendation of a trial of 6 visits over 2 weeks. Additionally, the submitted requested does not indicated the site at which the chiropractic treatment is to be performed. As such, the request is not medically necessary.

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical transdermal anesthetic creams/gels, topical analgesics Pag. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, topical analgesics

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

Decision rationale: The request for Lidoderm patches 5% #30 is not medically necessary. The injured worker had complaints of frequent and severe pain rated at 8/10 in the neck, upper back and right shoulder. The California MTUS guidelines note topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic

neuralgia. There is a lack of documentation the injured worker has post-herpetic neuralgia for which the FDA has approved the use of Lidoderm. There is a lack of documentation indicating the injured worker has failed first line treatments with tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. As such, the request is not medically necessary.