

Case Number:	CM14-0050717		
Date Assigned:	07/07/2014	Date of Injury:	06/12/2009
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 & Rehabilitation 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 65-year-old female with a reported date of injury on 06/12/2009. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include chronic cervical pain, cervical radiculopathy, chronic low back pain, left shoulder dysfunction, trochanteric bursitis, and left shoulder impingement with partial versus small thickness tear. Her treatments were noted to include physical therapy, surgery, medications, epidural steroids, facet injections, rhizotomy, and chiropractic care. The progress report dated 12/07/2013 reported the injured worker complained of ongoing shoulder pain with reaching overhead 2/10 to 3/10, ongoing neck pain that was 4/10, and low back pain and stiffness. The physical examination of the neck and upper extremities revealed decreased range of motion, neurological examination was full and equal bilaterally. The physical examination of the shoulders revealed decreased range of motion, and grip strength was decreased. The physical examination of the back and lower extremities revealed decreased range of motion, straight leg raising negative, deep tendon reflexes equal and bilateral. The physical examination of the knees noted excellent range of motion and swelling. The progress report dated 06/25/2013 reported the injured worker received benefit from occasional chiropractic manipulative procedures. The Request for Authorization form was not submitted within the medical records. The request was for chiropractic treatment x6, Lidoderm, Lyrica, Skelaxin #60, and Norco; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT X 6: Upheld

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

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

Decision rationale: The injured worker received previous chiropractic treatment with positive results. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. The guidelines recommend chiropractic treatment for the low back with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total up to 18 visits over 6 to 8 weeks. There is a lack of documentation regarding objective functional improvement with previous chiropractic treatment, as well as the number of previous sessions attended. Additionally, there was not a recent, adequate, and complete assessment submitted within the medical records. Therefore, the request is not medically necessary.

LIDODERM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 12/2012. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate Lidocaine for neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or serotonin-norepinephrine reuptake inhibitors antidepressants or an anti-epileptic drug such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. The guidelines do not recommend Lidoderm for the use of non-neuropathic pain, or chronic muscle pain. There is a lack of documentation regarding the efficacy of this medication or improved functional status. Additionally, the request failed to provide the dosage, frequency, and region for which this medication is to be utilized. As such, this request is not medically necessary.

LYRICA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Lyrica Page(s): 16, 19.

Decision rationale: The injured worker has been taking this medication since at least 12/2012. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful neuropathy. There are few random controlled trials directed at central pain and none for painful radiculopathy. The guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. There is a lack of documentation regarding the efficacy of this medication or improved functional status. Additionally, the request failed to provide the frequency and dosage of this medication, at which this medication is to be utilized. Therefore, the request is not medically necessary.

SKELAXIN # 60: 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 Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 12/2012. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication for over 6 months, and the guidelines state efficacy appears to diminish over time, as it is recommended for short-term use. There is a lack of documentation regarding the efficacy of this medication, as well as improved functional status. There is not a recent, adequate, and complete assessment submitted within the medical records. Additionally, the request failed to provide the frequency and dosage of the medication to be utilized. Therefore, the request is not medically necessary.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The injured worker has been taking this medication since 12/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale, improved functional status, side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of no pain relief, increased function, side effects, and without details regarding urine drug testing to verify for appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. There is also not a recent, complete, adequate assessment submitted within the medical records. Additionally, the request failed to provide the dosage and frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.