

Case Number:	CM14-0052037		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2007
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Management 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 is a male patient with the date of injury of April 10, 2007. A utilization review determination dated April 4, 2014 recommends non-certification of chiropractic treatment, Lido Pro, omeprazole, and the request for cyclobenzaprine 7.5 mg was modified to #10 with the goal of weaning the patient. A progress note dated February 28, 2014 identifies subjective complaints of ongoing back, left leg, neck, and left arm pain. The patient is working modified duty but continues to be limited with activities due to back pain. The patient is taking Flexeril 7.5 mg two tablets per day and states he can stand 20 minutes longer when he takes Flexeril. The patient takes two tablets of Prilosec to decrease gastritis, he takes Senate to tablets twice a day for constipation, and he takes Norco 10/325 two tablets a day which reduces his pain level and increases his daily activities. The patient reports that the medications help with his pain and normalize his function. The patient reports aching low back pain with left leg numbness which he rates at a 9-10/10 and he has cramping neck pain with radiation of pain, numbness, and tingling in his arms that he rates at a 5-8/10. Physical examination identifies a mildly antalgic gait, tenderness palpation of the cervical and thoracic spine with spasms in the right paraspinal region limited range of motion of the cervical and lumbar spine, decreased sensation of the L4 and L5 dermatomes on the left, decreased C6 and C7 dermatomes on the left, tibialis anterior, EHL, inversion, eversion, plantar flexors are 4/5 on the left, deltoid, biceps, internal rotators, external rotators and triceps are 4/5 on the left, positive straight leg raise on the left at 40, and positive left sided slump test. Diagnoses include multilevel HNP's of the lumbar spine with severe stenosis, facet arthropathy, lumbar radiculopathy, cervical DDD, and severe cervical stenosis. The treatment plan recommends authorization for additional chiropractic care at two times a week for three weeks for the neck and back, continuation of a home exercise program,

continue with Norco for severe pain, Flexeril for muscle spasms, Prilosec for gastritis related to the medications, and LidoPro cream to reduce usage of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear how many visits of chiropractic care have been completed, there is no documentation of objective functional improvement, and there is no documentation of the objective functional deficits that are intended to be addressed. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Lido Pro:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding request for a topical compound, the requested Lido Pro (capsaicin, lidocaine, menthol, and methyl salicylate). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Lido Pro (capsaicin, lidocaine, menthol, and methyl salicylate) is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or of significant objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation PDR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient is currently taking an NSAID, or has another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.