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| Case Number: | CM14-0071359 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 11/04/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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:

This 66 year old patient had a date of injury on 11/4/2012. The mechanism of injury was not noted. In a progress noted dated 4/14/2014, subjective findings included 10/10 pain in her lower back, and she is unable to walk longer than 5 minutes before needing to sit. She has radiation of pain, numbness and tingling in left lower extremity going all the way to her toes. On a physical exam dated 4/14/2014, objective findings included tenderness of midline and bilateral paraspinal musculature, and she is alert, oriented, in no acute distress. Diagnostic impression shows NHP at L3, L5, chronic back pain, chronic radiculopathy, status post MLD at L3-L4 and L4-L5. Treatment to date: medication therapy, behavioral modification, acupuncture, chiropractic sessions. A UR decision dated 4/18/2014 denied the request for chiropractor/physiotherapy, 2 times per week, for 4 weeks for the lumbar spine, stating the requested 8 sessions exceeds the recommended guidelines of 4-6 sessions for an initial trial. Lumbar corset for the lumbar spine was denied, stating possible deconditioning of trunk musculature which could lead to progressive pain and predispose patient to further injury. Lidopro topical ointment 4oz was denied, stating patient is tolerating oral medications. Ketoprofen 75mg #90 was denied, stating that the patient is scheduled to follow up in 42 days, and would need ketoprofen 75mg #126.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor/Physiotherapy, 2 times per week, for 4 weeks, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. In a progress note dated 4/14/2014, it was noted that her 2 sessions of chiropractic therapy did not help her pain but made it worse. Furthermore, this request is for 8 chiropractic sessions, and guidelines only support 6 for an initial trial. Therefore, the request for chiropractic treatment 2x/week for 4 weeks for lumbar spine is not medically necessary.

LidoPro Topical Ointment 4oz, #1, No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 26, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: lidopro.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FDA state Lidopro is a combination of capsaicin .0325%, lidocaine 4.5%, Menthol 10%, methyl salicylate 27.5%, used as a topical analgesic for arthritis, back pain, strains, and muscle soreness. In a progress report dated 4/14/2014, and in the reports viewed, there was no documentation that the patient failed 1st line oral medication such as ibuprofen or Neurontin. Furthermore, Lidopro contains capsaicin .0325%, and guidelines do not support capsaicin greater than .025%. Therefore, the request for Lidopro #120 was not medically necessary.

Lumbar corset - for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

Decision rationale: CA MTUS does not address this issue. ODG does not recommend lumbar supports for prevention for back and neck pain. It is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and nonspecific low back pain. In the progress report dated 4/14/2014, it was noted that her back brace helps her by decreasing pain and supports her back. Therefore, the request for alumar corset is medically necessary.

Chiropractor/Physiotherapy 2 x per week for 4 wks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. In a progress note dated 4/14/2014, it was noted that her 2 sessions of chiropractic therapy did not help her pain but made it worse. Furthermore, this request is for 8 chiropractic sessions, and guidelines only support 6 for an initial trial. Therefore, the request for chiropractic treatment 2x/week for 4 weeks for lumbar spine is not medically necessary.

Ketoprofen 75mg #90 No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress note dated 4/14/2014, the patient claims that ketoprofen 3x/day helps decrease her back pain. However, there were no objective measures of functional improvement noted in the report. Furthermore, it was noted that a followup would be scheduled in 12 weeks, and Ketoprofen #90 with no refills would only last 30 days. Therefore, the request for Ketoprofen 75mg #90 no refills is not medically necessary.