

Case Number:	CM14-0085220		
Date Assigned:	07/23/2014	Date of Injury:	01/28/2011
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Medicine and is licensed to practice in Oklahoma and Texas. 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 51-year-old female who reported an injury on 01/28/2011 due to an unknown mechanism. Diagnoses were degeneration of cervical intervertebral disc; chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; sacroiliitis, not elsewhere classified; myalgia and myositis, unspecified; brachial neuritis or radiculitis; degenerative joint disease of shoulder region; pain in joint, shoulder region; lumbar facet joint pain; cervical facet joint pain; muscle spasms of head and/or neck; spasm of muscle; severe pain; inguinal pain; drug-induced constipation; and gastroesophageal reflux disease. Past treatments reported were physical therapy and 2 epidural steroid injections. Diagnostics were x-ray of the lumbar and cervical spine, MRI of the cervical spine on 06/19/2013, and an MRI of the lumbar spine on 06/19/2013, MRI of the left shoulder. MRI of the lumbar spine revealed L5-S1 mild broad left lateralizing disc protrusion deflecting the left S1 nerve root sleeve posteriorly. Past surgeries were cholecystectomy and brain surgery. The injured worker had a physical examination on 06/24/2014 that revealed complaints of chronic shoulder, hip, and left leg pain. She complained of constant aching pain over bilateral shoulders and posterior neck and occipital scalp. There were complaints of intermittent muscle spasms radiating from neck to trapezius and from low back to bilateral groin and down left hip, and down posterolateral leg to the foot. The injured worker stated her pain level was 9/10. Medications were beneficial. The examination revealed the patient reported continuing to struggle with depression as related to her chronic pain. There was tenderness to palpation over lumbosacral spine, worse at the left SI joint. The injured worker walked with a cane. Weightbearing elicited low back and hip pain, worse on left than right. The injured worker could not tolerate crossing left knee across right leg or abducting it more than 30 degrees from the right

leg which elicited severe pain over lateral left hip and buttock and SI joint. The injured worker could not extend, remained flexed to 5 degrees, flexion was limited to 25 degrees while standing and extension back to nearly neutral elicited low pain. Lumbar rotation was not possible due to pain. Low back, bilateral groin, and leg pain were worse on the left. Examination was extremely limited due to all motion elicited low back pain and left groin pain. Neuro exam revealed dysesthesia of entire left leg from hip and buttock to toes, with electrical sensation from entire mid left lower leg to toes. Current medications were insulin, Singulair, Soma at night, Flexeril, Neurontin, Norco, and Lyrica 25 mg. Treatment plan was to take medications as directed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 4g QTY: 1920.00 to affected area 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Voltaren gel 4 grams quantity 1920.00 to affected area 3 times daily is not medically necessary. The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Voltaren is a non-steroidal anti-inflammatory agent. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain it is not recommended as there is no evidence to support the use. Voltaren is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. This medication is not indicated for back or hip pain. The injured worker does not have a diagnosis of osteoarthritis. Therefore, the request is not medically necessary.

Lidoderm/Lidocaine Patch QTY: 120.00: Upheld

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

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

Decision rationale: The request for Lidoderm/lidocaine patch quantity 120 is not medically necessary. Lidocaine is indicated for neuropathic pain. Lidocaine is recommended for peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant, or an antiepileptic 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. Lidoderm is also used off label for diabetic neuropathy. Lidocaine patches are not recommended for non-neuropathic pain. The request does not indicate the frequency for the medication. The efficacy of this medication was not reported. Therefore, the request is not medically necessary.

Norco 10/325mg QTY: 720.00 1/2 to one tab 3 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management, Opioids for Chronic Pain, Chronic Back Pain Page(s): 78, 80.

Decision rationale: The request for Norco 10/325 mg quantity 720 (1/2 to 1 tab 3 times daily as needed) is not medically necessary. The California Medical Treatment Utilization Schedule states for the ongoing management for an opioid medication documentation of ongoing review of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical guidelines have also set for 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There should be a continuing review of overall situation with regard to non-opioid means of pain control. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but it also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. This medication was meant to be used for a short-term period for pain relief. The injured worker still complains of severe pain in her back and her hip. There were no functional improvements reported for the injured worker for taking this medication. Therefore, the request is not medically necessary.

Aquatherapy membership (month) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership.

Decision rationale: The request for aqua therapy membership (month) quantity 1 is not medically necessary. The California Medical Treatment Utilization Schedule states aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The request submitted states for a membership of 1 month. Aquatic therapy is available through physical therapy. The Official Disability Guidelines state for gym memberships they are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. While an individual exercise program is of course recommend, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider. Gym memberships, health club, swimming pools, athletic clubs, would not generally be considered medical treatment. The request submitted does not meet the medical guidelines. Therefore, the request is not medically necessary.

MRI left hip without contrast QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The request for MRI left hip without contrast QTY: 1.00 is not medically necessary. The Official Disability Guidelines state MRIs are recommended. It is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissue and should in general be the first imaging technique employed following plain films. However, MRI of asymptomatic participants with no history of pain, injury, or surgery, revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft tissue pathological findings. Indications for the imaging or magnetic resonance imaging of the hip there should be findings of osseous articular or soft tissue abnormalities, osteonecrosis, occult, acute, and stress fracture, acute and chronic soft tissue injuries and tumors. Exceptions for MRI are suspected osteoid osteoma and labral tears. The physical findings do not correlate with the medical guidelines indications for imaging. Therefore, the request is not medically necessary.