

Case Number:	CM14-0195750		
Date Assigned:	12/03/2014	Date of Injury:	12/11/2012
Decision Date:	01/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reported associated with an industrial injury of December 11, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator denied Lidoderm patches, partially approved Pamelor, denied Norco, denied a pain management consultation, denied a physical therapy, and denied chiropractic manipulative therapy. The applicant was status post earlier lumbar spine surgery on December 3, 2013, it was stated. The applicant was no longer working, the claims administrator posited, as of September 14, 2013. The claims administrator's note was quite difficult to follow and was, in large part, a reprisal of historical utilization review reports. The claims administrator also cited November 14, 2014 progress note in its denial. The applicant's attorney subsequent appealed. On May 13, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral thighs. The applicant was having difficulty sleeping. The applicant was forced to constrain activities of one hour at a time and three to four hours per day, it was further noted. The applicant's medication list included Norco, Prilosec, Motrin, Lidoderm, and Tizanidine. The applicant's BMI was 24. The lumbar MRI imaging and x-rays of lumbar spine were sought. The applicant was asked to follow up with her spine surgeon. Vimovo, Valium, and Cymbalta were also prescribed at the bottom of the report. The applicant work status was not clearly stated, although it did not appear that the applicant was working. On November 14, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that she had really bad days and a seemingly small number of good days. Persistent complaints of low back pain radiating to the left leg were noted. The applicant stated that her pain is highly variable, ranging from 3 to 9/10. The applicant's pain complaints were impacting her ability of sleep and work. Any kind of position, including walking, was worsening the applicant's pain complaints, it was suggested. The applicant BMI was 25. Norco, Pamelor,

and Lidoderm patches were renewed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant was able to do light housework and walk for a short amount of time with medications. The attending provider posited in the bottom of the report that the applicant's medications were generating appropriate analgesia. The 12 sessions of chiropractic manipulative therapy, six additional sessions of physical therapy for conditioning purposes, and a pain management consultation were sought. The applicant stated that she was unable to tolerate Cymbalta. It was not clearly identified which of the medications in question were renewal request versus first-time request. The attending provider did suggest that he wanted the applicant to wean off of Norco. In an October 27, 2014 progress note, the applicant's medication list reportedly comprised of Norco, Tizanidine, Lidoderm, Naprosyn, Colace, Motrin, and vitamins. The applicant had constant pain present 100% of the time, it was stated. The applicant's BMI was 24. The applicant's exhibited an antalgic gait. Lumbar epidural steroid injection therapy was sought. The applicant was asked to obtain additional physical therapy and chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's recent prescription for Nortriptyline (Pamelor), an antidepressant adjuvant medication, on November 14, 2014, would seemingly obviate the need for Lidoderm patches at issue. It is further noted that the applicant has already received the Lidoderm patches at issue on several prior occasions, including in October 2014, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, however, failed to profit from ongoing usage of Lidoderm. The applicant remains off of work, on total temporary disability. The applicant continues to report at-times severe low back pain. Ongoing usage of Lidoderm patches has failed to curtail the applicant's dependence on opioids agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Lidoderm. Therefore, the request is not medically necessary.

Nortriptyline HCL 10mg #30 (Refill x 3): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain topic Page(s): 13.

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants such as Nortriptyline (Pamelor) are a first-line option for neuropathy pain and a possibility for non-neuropathic pain, both of which were present here on or around date in question. Based on the attending provider's description of event, it appears that Nortriptyline (Pamelor) was introduced for the first time on November 14, 2014 on the grounds that previous usage of Cymbalta had proven intolerable and had generated intolerable adverse effects. Introduction of Nortriptyline (Pamelor) was indicated on or around the date in question, given the failure of multiple other agents, including Cymbalta and Norco. Therefore, the request is medically necessary.

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The request in question does represent a renewal request for Norco. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was/is off of work, on total temporary disability. The applicant continues to report at-times severe, constant, low back pain. The applicant is having difficulty performing activities of daily living as basic as standing, walking, and sleeping, despite ongoing usage of Norco. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Consultation with pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction section Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the Primary Treating Provider (PCP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. Various medication therapies and physical modalities have been tried and failed. Obtaining the added expertise of a physician specializing

in chronic pain, such as a pain management consultant, will likely be beneficial here. Therefore, the request is medically necessary.

Continue physical therapy (lumbar) once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section Page.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the primary diagnosis present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is off of work, on total temporary disability, despite earlier physical therapy in specified amounts over the course of the claim. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy. Therefore, the request for additional physical therapy is not medically necessary.

Chiropractic sessions (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

Decision rationale: The requesting provider seemingly acknowledged on the November 14, 2014 progress note that the request represented a request for extension for "more" chiropractic manipulative therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, the applicant is off of work, on total temporary disability, suggesting that earlier chiropractic manipulative therapy in unspecified amounts was, in fact, unsuccessful. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.