

Case Number:	CM14-0197781		
Date Assigned:	12/08/2014	Date of Injury:	06/08/2009
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 42 female worker who was injured when she took a fall and fell forward on her right side injuring her knee and elbow. The date of injury was June 8, 2009. Diagnoses include C4-5 and C5-6 degenerative disk disease with bilateral upper extremity radiculopathy and carpal tunnel status post recent carpal tunnel release on the right. In 2009, an MRI showed evidence of a 3 mm disk bulge at C4-5 and a 2 mm disk bulge at C5-6. In 2011, an EMG/Nerve Conduction Study revealed electrophysiological evidence of a moderate degree of right median sensory neuropathy at the wrist. In report dated August 25, 2014, she complained of pain across her neck with radicular symptoms bilaterally into her shoulders and down both arms and also a feeling of numbness and tingling in both of her hands bilaterally as well as weakness in her arms, hands and fingers. Nothing seemed to really alleviate the symptoms. The symptoms were noted to be worse with standing, sitting, pulling, reaching, bending down, kneeling and pushing. Physical examination revealed diffuse weakness in her right upper extremity. She had a positive Spurling both left and right. She was tender to palpation in her cervical region. Five view cervical x-rays revealed evidence of degenerative changes and intervertebral disk space narrowing at C4-5 and C5-6. On October 9, 2014, she rated her pain as an 8 on a 1-10 pain scale with medications and a 10/10 without medications. She reported activity of daily living limitations. Treatment modalities listed in the medical record included physical therapy (but not specifically to a body part), medications and a shoulder injection. A request was made for Gabapentin 600mg #30, physical therapy 2 x a week for 4 weeks, Norco 5/325mg #60 and Xolido 2% cream #118. On November 4, 2014, utilization review denied the request for physical therapy, Norco and Xolido.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 4 Weeks: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some physical therapy, although the extent of this and timing is not elaborated in the notes available for review. Since her injury was years before this request, it is likely that she should have been already skilled, by physical therapy instruction, as to how to perform home exercises effectively. There was no report found in the notes documented her inability to perform these exercises. Also, the request wasn't specific enough as to the body part for the physical therapy, although it is assumed it was for the neck. Considering the above reasons, the additional physical therapy is not medically necessary.

Norco 5/325 MG Every 12 Hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to show this full review was performed in order to justify continuation of Norco. Particularly there was no documented report on how Norco measurably improved his pain level and function

independent of his other medications. Therefore, the Norco will be considered medically unnecessary.

Xolido 2 Percent Cream #118: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 98-99.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was evidence of neuropathic pain and had been using gabapentin for this, although there was limited information describing how effective this medication was independent of the Xolido. Also, there was insufficient reporting of functional benefit related to the Xolido use independent of the other pain medications taken. Also, since topical lidocaine is only approved in the form of a patch and not as a combination/compounded product, the Xolido will be considered medically unnecessary.