

Case Number:	CM15-0102609		
Date Assigned:	06/05/2015	Date of Injury:	01/07/2012
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old man sustained an industrial injury on 1/7/2012. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 1/8/2014. Diagnoses include degenerative disc disease of the cervical, thoracic, and lumbar spine; cervical retrolisthesis; herniated nucleus pulposus of the cervical and thoracic spine; facet arthropathy of the thoracic spine; lumbar canal stenosis; and lumbosacral neural foraminal narrowing. Treatment has included oral medications and surgical intervention. Physician notes dated 4/3/2015 show complaints of neck and back pain, ranging from 4-9/10, with improved pain and numbness to the left arm and low back pain rated 8/10 with occasional radiation to the bilateral legs and feet. Recommendations include pain management consultation, cervical spine MRI, post-operative chiropractic treatment, orthopedic follow up, LidoPro cream, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative chiropractic visits to included physical modalities: Upheld

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

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 of 127, Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: Regarding the request for Post operative chiropractic visits to include physical modalities, CA MTUS support up to 16 therapy sessions after cervical spine decompression, with half that amount recommended initially and the rest dependent upon functional improvement. Within the documentation available for review, it appears that at least 8 sessions were authorized previously. The prior utilization review modified the request to certify 6 sessions, as the authorization for 6 of the initial 8 sessions was said to have expired. As the patient has apparently not completed any postoperative therapy, an initial course of therapy would be reasonable. However, given that an initial course of therapy has already been authorized, the current open-ended request is not supported, and there is, unfortunately, no provision for modification of the current request, Post operative chiropractic visits to included physical modalities are not medically necessary.

LidoPro topical ointment with applicator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National guideline clearinghouse and the National Institutes of Health PubMed database.

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 of 127.

Decision rationale: Regarding the request for LidoPro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested LidoPro is not medically necessary.

General orthopedic follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177, 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for General orthopedic follow-up, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it appears that the patient has not been seen by general orthopedics in over a year and there are no current symptoms/findings suggestive of a general orthopedic condition or another clear rationale for a follow-up visit at this time. In the absence of clarity regarding the above issues, the currently requested General orthopedic follow-up is not medically necessary.