MAXIMUS Federal Services

Case Number:	CM15-0137074		
Date Assigned:	07/27/2015	Date of Injury:	09/10/2003
Decision Date:	09/16/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old female with an industrial injury dated 09/10/2003. The injured worker's diagnoses include cervical disc degeneration, carpal tunnel syndrome and depression. Treatment consisted of diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. In a progress note dated 05/07/2015, the injured worker reported chronic neck pain and right hand numb pain with activity. The injured worker also reported new symptom of leg numbness. Objective findings revealed diffused tenderness to palpitation at paraspinal with tight muscle and guarding and poor cervical range of motion in flexion and right lateral bending/rotation. The treatment plan consisted of updated diagnostic studies, follow up appointment and continuation of conservative treatment. The treating physician prescribed Cyclobenzaprine 10%, Lidocaine 2% 4 gms, Flurbiprofen 20%, Lidocaine 5% 4 gm, Norco 5/325 mg #45, Methadone 10 mg #100, chiropractic - cervical 12 visits and right wrist splint now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Lidocaine 2% 4 gms: 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): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. Additionally, cyclobenzaprine is not recommended in topical formulation. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated or medically necessary.

Flurbiprofen 20%, Lidocaine 5% 4 gm: 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): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated or medically necessary.

Norco 5/325 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the requests for Norco and Methadone to facilitate appropriate

weaning. Given the lack of clear evidence to support functional improvement on the medication over a long period of treatment, and the chronic risk of continued treatment, the requests for Norco and Methadone are not considered medically necessary in the quantities requested with refills.

Methadone 10 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the requests for Norco and Methadone to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication over a long period of treatment, and the chronic risk of continued treatment, the requests for Norco and Methadone are not considered medically necessary in the quantities requested with refills.

Chiropractic- cervical 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient twelve years from the initial date of injury and with no objective evidence to indicate improvement that warrants further visits of supervised therapy/manipulation, it is difficult to justify the treatment request. With respect to number of visits for manual therapy and manipulation, the MTUS does state that several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the

request for 12 visits without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.

Right wrist splint: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: The MTUS ACOEM guidelines discuss treatment of Carpal Tunnel Syndrome in detail. According to the guidelines, appropriate electrodiagnostic studies may help differentiate between CTS and other conditions (like cervical radiculopathy, etc.). These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG). NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the Electrodiagnostics are negative, tests may be repeated later in the course of treatment if symptoms persist. The patient in this case has negative electrodiagnostic studies, but based on symptoms and clinical exam, CTS is still a likely diagnosis, and as the guidelines describe, Electrodiagnostics may be normal in such a case. The MTUS ACOEM guidelines recommend splinting in CTS, as scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, with the realization that limitations / immobilization of the wrists should not interfere with total body activity in a major way. Splinting is considered a first-line treatment, with note that prolonged splinting is not recommended as it may lead to weakness, stiffness, etc. The request is therefore considered medically necessary.