

Case Number:	CM15-0143669		
Date Assigned:	08/04/2015	Date of Injury:	12/06/2010
Decision Date:	09/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 12-6-10. The injured worker was diagnosed as having cervical facet arthropathy, cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, anxiety, depression, L4-5 annular tear, and status post hernia repair in March 2014. Treatment to date has included a home exercise program and medication. On 6-9-15, pain was rated as 4 of 10 with medication and 7-8 of 10 without medication. The injured worker had been taking Naproxen and Tramadol since at least 12-18-14 and Lidocaine 5% ointment since at least 6-9-15. Currently, the injured worker complains of neck pain with radiation to the right upper extremity with numbness and tingling, low back pain with radiation to the right lower extremity, abdominal pain, and groin pain. The treating physician requested authorization for 8 chiropractic sessions, Naproxen 550mg #60, Tramadol 50mg #60, and Lidoderm 5% ointment with #120. Notes indicate that the patient may have been instructed to discontinue Naproxen and Tramadol previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain caused by musculoskeletal conditions, (Effective July 18, 2009) Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

1 prescription of Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, notes indicate that the patient may have been instructed to discontinue this medication previously. However, since there is documentation of analgesic efficacy and functional improvement, a one-month supply of medication should allow the treating physician time to determine whether the benefits of this medicine outweigh its risks. As such, the currently requested Naproxen is medically necessary.

1 prescription of Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within

the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. Notes indicate that the patient may have been instructed to discontinue this medication previously. However, since there is documentation of analgesic efficacy and functional improvement, a one-month supply of medication should allow the treating physician time to determine whether the benefits of this medicine outweigh its risks. As such, the currently requested Tramadol is medically necessary.

1 prescription for Lidoderm 5% ointment #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement because of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.