MAXIMUS Federal Services

Case Number:	CM15-0144212		
Date Assigned:	08/05/2015	Date of Injury:	10/23/1988
Decision Date:	09/25/2015	UR Denial Date:	07/17/2015
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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 68 year-old female who sustained an industrial injury on 10-23-88. Initial diagnoses are not available. Current diagnoses include cervical radiculopathy, chronic pain other, lumbar radiculopathy, fibromyalgia, depression, and medication related dyspepsia. Treatment to date has included physical therapy, acupuncture, psychiatric evaluation, and symptomatic medication management. Currently, the injured worker complains of neck pain that radiates down bilateral upper extremities. The pain is accompanied by muscle weakness, and neck spasms. Physical therapy and medication regimen has helped improve activities. The treating physician reports the injured worker is observed to be in moderate to severe distress; her gait is antalgic and slow. She is very limited in ambulatory ability and uses a wheelchair. She has vertebral tenderness in the cervical spine; myofacial trigger points with twitch response are noted in the left trapezius muscle and left rhomboid muscles. Requested treatments include physical therapy to include myofascial release; 8 sessions (2x4), cervical spine, Naproxen 550mg #60, pantoprazole 20 mg #30, and Lidocaine 5% patch, 2 patches 12 hours on and 12 hours off #60. The injured worker is currently not working. Date of Utilization Review: 07-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to include myofascial release; 8 sessions (2x4), cervical spine: Upheld

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

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

Decision rationale: The members DOI is reported as 23-Oct-88 and treatment was reported to have previously included physical therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. However the benefit of PT quickly decreases over time. Therefore allowances should be made and plans for fading of treatment frequency anticipated. With flares of back pain a brief reintroduction to facilitate refreshing the individuals memory for technique and restarting home exercise routines can be supported, but not a wholesale return to a full course of PT which in this case did not include the expectation of fading (tapering) of frequency. Therefore, it is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 67-73.

Decision rationale: Naproxen is a member of the NSAID class of agents. NSAIDs have a place as second line agents after Acetaminophen for acute exacerbations of chronic pain. They are recommended to be taken at the lowest dose for the shortest period of time. NSAIDs appear to be superior to Acetaminophen for moderate to severe pain with osteoarthritis but a Cochrane review suggested they were no better than any other agent for low back pain and showed inconsistent evidence in neuropathic pain. They pose serious risks to the gastro-intestinal track for bleeding as well as negatively impact renal function and raise the risks for acute cardio-vascular events.
Relief of pain is generally temporary and measures of lasting benefit should consider the impact of pain relief on improvements in function and increase in activity, sleep quality and side effects. There is no reported evidence to suggest any significant functional improvement. In fact it is listed as one of the medications which had proved to be ineffective and associated with GI distress. Given the risks of this class of agent together with the recommendation for short term use in addition to an absence of documentation supporting functional improvement continued use of this medication would not be supported. The requested treatment is not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Since the use of Naprosyn has been Non-Certified, the use of the PPI would not be required. Therefore, this request is not medically necessary.

Lidocaine 5% patch, 2 patches 12 hours on and 12 hours off #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 Page(s): 112.

Decision rationale: 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). Topical lidocaine, in the formulation of a dermal patch. Several of the classic categories listed above were also listed as ineffective or associated with unacceptable side effects in the provider's notes. It does not appear that the patch is being offered for use for neuropathic pain but rather myofascial triggers/pain. (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Bilateral upper and lower extremity NCV/EMG failed to demonstrate any evidence for a peripheral neuropathy. Therefore, it is not medically necessary.