

Case Number:	CM15-0144345		
Date Assigned:	08/07/2015	Date of Injury:	01/12/2000
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
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: New York
 Certification(s)/Specialty: Internal 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 49-year-old female, with a reported date of injury of 01-12-2000. The mechanism of injury was constant detailed handwork. Her job required her to sit most of the day, to occasionally stand, do intermittent kneeling, intermittent bending with occasional pushing, intermittent pulling, frequent twisting, occasional walking, and occasional squatting. The injured worker's symptoms at the time of the injury included gradual numbness and tingling throughout both wrists and hands. The diagnoses include status post right shoulder arthroscopy and subacromial decompression, cervical spine sprain and strain, lumbar spine degenerative disc disease at L3-4 and L5-S1 with symptoms of lower extremity radiculitis, right elbow lateral epicondylitis, status post bilateral carpal tunnel release, left shoulder subacromial impingement, left elbow status post lateral epicondylectomy with left elbow epicondylitis and cubital tunnel syndrome, right and left knee sprain and strain, and symptoms of anxiety and depression. Treatments and evaluation to date have included oral medications, chiropractic treatment, carpal tunnel injections, and acupuncture treatment. It appears that the injured worker has completed eight chiropractic sessions. The medical records include the chiropractic reports from visits made from 05-27-2015 to 06-24-2015. The diagnostic studies to date have included an MRI of the cervical spine on 11-02-2011; an MRI of the right shoulder on 12-13-2012; an MRI of the cervical spine on 12-13-2012 which showed disc desiccation at C2-3 to C6-7 levels, hemangioma at C7 and T3 vertebrae, focal central disc protrusion with annular tear at C3-4, focal right paracentral disc protrusion with annular tear at C4-5, and focal central disc protrusion effacing at C5-6; and an MRI of the lumbar spine on 07-10-2013. The progress report dated 06-

30-2015 indicates that the injured worker continues to have low back pain if she walked for more than 30 minutes with pain radiating down the right leg and numbness to the top of the right foot and second, third, and fourth toes. The injured worker also complained of constant neck and right shoulder pain, with numbness and tingling in the right arm and forearm. The low back pain persisted in the radiating symptoms to the right leg and had not substantially improved from the chiropractic treatment. The objective findings include tenderness to palpation of the lumbar spine and spasm in the entire lower bilateral lumbar spine; increased lumbar lordosis; negative bilateral straight leg raise test; normal strength in the bilateral lower extremities; and decreased sensation to light touch in the lateral right leg and dorsal right foot. The treatment plan included prescriptions for medications, medical weight management program, additional chiropractic treatment for the cervical spine, lumbar spine and right shoulder, and a full spine posture pump spine trainer as suggested by the chiropractor to be used at home to reduce the incidence and intensity of muscular spasm of the lumbar spine. It was noted that the injured worker was not currently working. The treating physician requested Percocet, Soma, Lidocaine patches, Diclofenac, Lunesta, Prevacid, medical weight management program, full spine posture pump spine trainer, and eight chiropractic manipulation sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: Percocet is a combination of oxycodone and acetaminophen. The CA MTUS Chronic Pain Guidelines indicate that oxycodone should be administered every 4 to 6 hours as needed for pain and for more severe pain. The injured worker has been taking Percocet since at least 03-10-2015. The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. None of these aspects of prescribing are in evidence. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. It was noted that the medications allowed her to do daily chores and shopping, but she was unable to lift more than 5 pounds. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Percocet is not medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29 and 63-65.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Soma (Carisoprodol) is not recommended, and this medication is not indicated for long-term use. The injured worker has been taking Soma since at least 07-22-2013. Abuse has been noted for sedative and relaxant effects. Soma is a muscle relaxer, and its side effects include drowsiness. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Soma is not recommended for longer than a 2 to 3 week period. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The request exceeds guideline recommendations. Therefore, the request for Soma is not medically necessary.

Lidocaine patches #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommends Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. There was documentation that the injured worker had low back pain with radiation of pain to the right leg. However, the request does not meet guideline recommendation, since there was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. Therefore, the request for Lidocaine patches is not medically necessary.

Diclofenac 75 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. The injured worker has been taking Diclofenac since at least 06-30-2015. The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. There was documentation that the injured worker had low back pain with radiation of pain to the right leg. It was noted that the medications allowed the injured worker to do daily chores and shopping, but she was unable to lift more than 5 pounds. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Diclofenac is not medically necessary.

Lunesta 3 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Eszopiclone (Lunesta).

Decision rationale: MTUS is silent on Eszopiclone (Lunesta). The non-MTUS Official Disability Guidelines indicate that Eszopiclone (Lunesta) is not recommended for long-term use. It is recommended for short-term use. The injured worker has been taking Lunesta since at least 03-10-2015. The guidelines recommend limiting use of hypnotics to a maximum of three weeks in the first two months of injury only, and discourage use in the chronic phase. Lunesta has demonstrated reduced sleep latency and sleep maintenance. This medication is the only benzodiazepine-receptor agonist that the FDA approved for use longer than 35 days for insomnia treatment. According to the guidelines, "The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The treating physician prescribed 3 mg of Lunesta for the injured worker, which exceeds the guideline recommendations. There is insufficient evidence to support the diagnosis of insomnia. There was lack of documentation of symptoms of insomnia and the resulting impairments. There was lack of documentation of the use of sleep hygiene techniques being used to correct sleep deficits. For these reasons, the request for Lunesta is not medically necessary.

Prevacid 30 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks Page(s): 68-69.

Decision rationale: This injured worker has been prescribed Diclofenac, a non-steroidal anti-inflammatory medication (NSAID), and Prevacid, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Prevacid since at least 07-22-2013. There was documentation that the treating physician prescribed this medication for gastritis. The requested treatment for NSAIDs, is determined not medically necessary. Therefore, the request for Prevacid is not medically necessary.

Full spine posture pump spine trainer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter--Durable medical equipment (DME).

Decision rationale: As per ODG, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment that can withstand repeated use, can be rented and used by successive patients, and is primarily and customarily used to serve medical purpose. As per review of Medical Records, the injured worker has previously been in physical therapy, and therefore should be independent with a home exercise program. There is no information in Medical Records how the use of Full spine posture pump spine trainer will help in improving the functional status of the injured worker. The medical necessity of the requested service has not been established.

Medical weight management program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.

Decision rationale: CA MTUS and ODG do not address this therefore alternate guidelines were reviewed. Selection of treatment for overweight subjects is based upon an initial risk assessment. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight management. The submitted Medical records do not provide any information about failure of the injured worker to lose weight based on diet and exercise. The requested treatment: Medical weight management program is not medically necessary.

Chiropractic manipulation - cervical, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Per MTUS guidelines, it is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The Medical Records are not clear about the functional benefit, this injured worker had from prior Chiropractic visits. The request for Chiropractic therapy is not medically necessary and appropriate.