

Case Number:	CM15-0165173		
Date Assigned:	09/02/2015	Date of Injury:	02/01/2013
Decision Date:	10/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female who sustained an industrial injury on 2-1-13. Treatments include medication, physical therapy, acupuncture and injections. Progress report dated 7-8-15 reports persistent upper extremity pain. The pain starts in the elbows and spreads up and down the arms, trapezius, neck and thoracic scapular area. The pain is rated 9 out of 10 without medications and 6 out of 10 with medications. She states that acupuncture has been tremendously helpful. It appears the most helpful medications have been Lyrica and Cymbalta. Diagnoses include bilateral upper extremity pain with possible neuritis, myofascial pain syndrome and possible thoracic outlet syndrome bilaterally. Plan of care includes: prescriptions given for Cymbalta, Lidoderm patches and Flexeril, request consultation for thoracic outlet syndrome, request 8 additional sessions of acupuncture, request cognitive behavioral therapy 6-8 sessions. Work status: no repetitive use of the upper extremities and no lifting over 5 pounds. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." Within the submitted documentation, although the pain regimen has been helpful, leading to a decrease in overall pain from about 9/10 to about 6/10, the long-term use of muscle relaxants such as Flexeril is not supported. It is documented that daytime complaints of spasms are reduced with the use of Flexeril however; there is no specific mention of pain score reductions, and/or improvements in function, strength, and ability to perform ADLs with the use of this agent. Without extenuating factors documented, this request is not medically necessary.

Lidoderm patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Within the submitted records, there is no documentation to support non-adherence to the guideline recommendations. As such, the request for Lidoderm patch at this time is not medically necessary.

Cognitive behavioral therapy, quantity: 6 to 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback, Behavioral interventions.

Decision rationale: CA MTUS Chronic Pain 2009 Guidelines support cognitive behavioral therapy (CBT) for patients at risk for delayed recovery. CA MTUS recommends allowing for initial 3 to 4 psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The initial request fails to meet the guideline recommendations of an initial 3-4 visit clinical trial with close monitoring of response to treatment. With this in mind, despite the fact CBT may benefit this injured worker, this request for 6-8 sessions of cognitive behavioral therapy is not medically necessary as it exceeds recommendations for an initial trial of 3-4 visits.

Consultation with a thoracic outlet syndrome specialist at a thoracic outlet syndrome specialty clinic: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: The CA MTUS ACOEM (Chapter 2, Page 27) Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. This injured worker has ongoing severe complaints of radiating pain and a request is being made to rule out thoracic outlet syndrome. Additional expertise is indicated, and as such, this request is medically necessary.