

Case Number:	CM15-0165288		
Date Assigned:	09/02/2015	Date of Injury:	10/16/2012
Decision Date:	10/20/2015	UR Denial Date:	07/23/2015
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 49 year old female, who sustained an industrial injury on 10-16-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc degeneration, fasciitis and cervical disc displacement without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-17-2015, the injured worker complains of neck pain rated 6 out of 10. Physical examination showed cervical pain and spasm with trigger points. Physician note dated 09/28/2015 was also reviewed, describing the injured workers cervical myofascial pain syndrome, with trigger points status post cervical trigger point injections. The treating physician is requesting 4 sessions of chiropractic care, Flexeril 10 mg #90, Naprosyn 500mg #60 with 1 refill and Lidoderm 5% patch (700mg patch) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The California MTUS does not address cervical spine manual therapy. According to the ODG, manual therapy to the cervical spine can be considered for cervical nerve root compression with radiculopathy, patient selection based on previous chiropractic success, and with frequency recommendation of a trial of six visits over 2-3 weeks. Within the submitted documentation, there is no mention of cervical radiculopathy as the main source generator of the injured workers pain. The injured worker has obvious myofascial pain syndrome, and there is no recent imaging study to confirm active radiculopathy. Furthermore, most recent physical exam does not demonstrate obvious radiculopathy. Without the above mentioned issues clarified, this request can not be supported. The request is not medically necessary.

Flexeril 10mg #90: 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." This injured worker has been taking Flexeril since 2012. There are no extenuating circumstances within the documentation to warrant non-adherence to guideline recommendations. Long-term use of this sedating agent is not recommended, and as such, this request is not medically necessary.

Lidoderm 5% patch (700mg/patch) #60 with 1 refill: 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), Topical Analgesics.

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 documentation, while the physician noted an abstract describing the potential utility of Lidoderm in the treatment of myofascial pain, there are no extenuating circumstances to warrant non-adherence to guideline recommendations at this time. This request is not medically necessary.

Naprosyn 500mg #60 with 1 refill: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Within the submitted documentation, the injured worker has a known significantly positive response of 50% pain relief with the use of Naproxen, and has been on this agent chronically with no adverse events. With this in mind, the current request for Naproxen is medically necessary.