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| Case Number: | CM15-0180741 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 05/13/1994 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 64-year-old female who sustained an industrial injury on May 13, 1994. Diagnoses have included cervical and lumbar spine sprain and strain syndromes, with radiculopathy; and, fibromyalgia. The physician cites an MRI scan showing bilateral neuroforaminal stenosis and disc bulges C4-7, and mild disc protrusion at L1-2. Documented treatment includes "a variety of physical therapies" two of which are noted as physical therapy and chiropractic treatment, and medication including Dilaudid, Lyrica, Flector Patch, and Zofran ODT which are stated to help relieve pain, but not help improve functionality. The injured worker continues to report headaches and ongoing neck pain radiating down her upper extremities to the fingers. This gets worse when she moves her neck or stays in one position for too long. She also complains of constant, "severe" low back pain radiating down her legs to the feet, which limits her activities. Through examination, the physician notes tenderness to the upper and lower spine upon palpation, restricted and painful range of motion to the upper and lower back and extremities, and positive sciatic and femoral tension signs bilaterally. The treating physician's plan of care includes a request submitted July 15, 2015 for monthly follow up visits with the pain management M.D. which was modified on August 10, 2015 to one visit; and, 6-12 sessions of physical therapy, a cervical epidural injection, Dilaudid 4 mg, Lyrica 50 mg; Flector patches, and Zofran ODT 8 mg. which were all denied. Current work status is not addressed in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with [REDACTED], once monthly: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Pain Referral.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This injured worker has chronic pain, with radiculopathy and fibromyalgia noted as source generators of pain. Frequent follow up with a pain specialist is warranted, as additional expertise would clearly benefit this injured worker in terms of optimizing pain medication regimen, and functionality. This request is medically necessary.

Dilaudid 4 mg, 180 count: 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): Opioids, criteria for use.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Dilaudid, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. There is lack of clear efficacy of Dilaudid, with continued reports of high pain in the 8-9/10 range. There is lack of clear benefit as it pertains to enhancing participation with activities of daily living. As such, this request is not medically necessary.

Lyrica 50 mg, sixty count: 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): Pregabalin (Lyrica).

Decision rationale: According to the California MTUS guidelines, Lyrica is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of painful diabetic neuropathy, and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended for treatment of fibromyalgia. Per California MTUS, a "Good" response to AED treatment is a 50% reduction in pain, and a "Moderate" response is 30% reduction. There is lack of mention of the efficacy of Lyrica within the submitted records, with noted continued high pain scores and difficulty with activities of daily living. This request can not be supported. It is not medically necessary.

Flector Patch, 1.3%, sixty count: 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): Topical Analgesics.

Decision rationale: California MTUS states that topical NSAIDs are indicated for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Based on the above, the request for Flector patch, a topical NSAID, is not supported. This request is not medically necessary.

Zofran ODT 8 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran.

Decision rationale: California MTUS does not specifically address Zofran. Per ODG, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment." Within the submitted records, there is no clear reason to continue use of this drug. It is being prescribed to combat nausea and vomiting associated with opiate use but as the request for opiate medications has been deemed unnecessary and non-certified, so too will the request for Zofran. The injured worker does not appear to have much in the way of benefit from this drug, given the records supplied for review. This request is not medically necessary.

Cervical epidural injection: 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): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. Within the submitted records, there is clear radicular pain. However, there is no recent comprehensive neurologic exam to corroborate findings on most recent imaging studies. Furthermore, this request does not specify level of injection. Medical necessity has not been established.

Physical therapy, once to twice weekly for six weeks: 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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There is no mention of how past physical therapy helped reduce pain using validated measures, nor is there mention of how past therapy helped to enhance function or ability to perform activities of daily living. This request as such, can not be supported. It is not medically necessary.