MAXIMUS Federal Services

Case Number:	CM15-0181802		
Date Assigned:	09/23/2015	Date of Injury:	05/09/2001
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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
Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial-work injury on 5-9-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar and lumbosacral spondylosis with radiculopathy, low back pain with history of lumbar compression fracture. Medical records dated 8-22-15 indicate that the injured worker complains of flare-ups of low back pain and bilateral leg pain with sciatica and stress. The injured worker states that swimming three times a day helps to keep the pain tolerable and he feels much less pain for 2-3 hours after swimming. The swimming has also allowed him to decrease medication use and has decreased the frequency of pain flare-ups. Per the treating physician report dated 8-22-15 the injured worker has not returned to work. The physical exam dated 8-22-15 reveals that the cervical exam shows that the pain is worsened with extension, flexion, rotation and lateral flexion. There is decreased sensation of the right lateral leg and right arm. The exam of the back reveals positive tenderness to palpation and positive straight leg raise bilaterally. Treatment to date has included pain medication Flector patch and Lidoderm patch since at least 1-26-15 , acupuncture at least 6 sessions, cold and heat, massage, swimming, diagnostics, epidural steroid injection (ESI) at least 15-20 which helped for intervals of 1-3 months, and physical therapy (unknown amount). The physician indicates that the Magnetic resonance imaging (MRI) of the lumbar spine dated 4-18-14 reveals "lumbar degenerative disc disease (DDD) with annular tear, mild right lateral recess stenosis and facet hypertrophy." The physician also indicates that the Magnetic Resonance Imaging (MRI) of the cervical spine dated 4-18-14 reveals "left central protrusion, joint and facet hypertrophy, cervical degenerative disc disease (DDD), mild right

foraminal stenosis and cervical extrusion." The request for authorization date was 8-31-15 and requested services included Flector Patch 1.3 Percent quantity 60, Lidoderm Patch 5 Percent quantity 90, Massage Low Back quantity 12, Acupuncture quantity 12 and Gym Membership (Months) quantity 12. The original Utilization review dated 9-4-15 non-certified the request for Flector Patch 1.3 Percent quantity 60 as there is little evidence to utilize topical Nonsteroidal anti-inflammatory drugs for treatment of the spine, hip or shoulder and therefore, not medically necessary. The request for Lidoderm Patch 5 Percent quantity 90 is non-certified as the guidelines recommend use only for localized peripheral pain after there has been evidence of trial of first line therapy of anticonvulsants or anti-depressants such as Lyrica and gabapentin and only approved for post-herpetic neuralgia therefore the request does not meet the requirements. The request for Massage Low Back quantity 12 was non-certified as the available information does not document VAS with and without medications or detailed pain history. There is also no documented functional benefit and therefore, not medically necessary. The request for Acupuncture quantity 12 was modified to acupuncture quantity 3 as there is documentation of neuropathic pain and a trial of acupuncture is reasonable. The request for Gym Membership (Months) quantity 12 is modified to gym membership quantity 3 as the documentation supports some functional benefit from swimming and decreased medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3 Percent Qty 60: Upheld

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 (chronic)/Flector patch (diclofenac epolamine).

Decision rationale: The request is for a flector patch to aid in pain relief. The official disability guidelines state the following regarding this topic: Not recommended as a first-line treatment. See the Diclofenac listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post-marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. (FDA, 2009) The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two

weeks. See also topical analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), and the diclofenac topical listing. [Flector ranked #17 in amount billed for WC in 2011. (Coventry, 2012)] In this case the use of this medication is not indicated. This is secondary to inadequate documentation of failure of first-line treatment. There is also inadequate evidence to support its use for the patient's condition. As such, the request is not medically necessary.

Lidoderm Patch 5 Percent Qty 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): Topical Analgesics.

Decision rationale: The request is for the use of a Lidoderm patch to aid in pain relief. The MTUS guidelines state that its use is indicated for post herpetic neuralgia after an initial trial of an anti-epileptic medication. Further research is needed to recommend use for chronic neuropathic disorders besides post-herpetic neuralgia. In this case, the patient does not have a diagnosis documented which would justify the use of Lidoderm patches. As such, the request is not medically necessary.

Massage Low Back Qty 12: 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): Massage therapy.

Decision rationale: The request is for massage therapy. The MTUS guidelines state the following regarding this topic: Recommended as an option as indicated below: This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery.

(Mitchinson, 2007) In this case, the request is not supported. This is secondary to the remote nature of the injury. Also, the maximum number of treatments allowed is limited to 4-6 based on the guidelines. As such, the request is not medically necessary.

Acupuncture Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/Acupuncture.

Decision rationale: The request is for the use of acupuncture. The official disability guidelines state the following regarding this topic: Not recommended for acute low back pain. (Tulder-Cochrane, 2000) (Furlan-Cochrane, 2005) Recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. (See the Pain Chapter.) Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. (Furlan-Cochrane, 2005) (Manheimer, 2005) (van Tulder, 2005) (Thomas, 2005) (Ratcliffe, 2006) (Thomas, 2006) (Haake, 2007) (Santaguida, 2009) These authors have reported that acupuncture provides a greater effect than sham treatment, while others have reported non-significant differences between the two modalities. (Brinkhaus, 2006) ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks, With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this case, the request is not medically necessary. This is secondary to the number of treatments requested which exceed the limit set.

Gym Membership (Months) Qty 12: Upheld

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) Low back/Gym memberships.

Decision rationale: The request is for a gym membership. The MTUS guidelines are silent regarding this issue. The ODG state the following: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and

there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. In this case, the request is not indicated. This is secondary to inadequate documentation of a home exercise program with periodic assessment as well as a need for equipment. As such, the request is not medically necessary.