

Case Number:	CM15-0021613		
Date Assigned:	02/11/2015	Date of Injury:	03/10/2011
Decision Date:	03/25/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on March 10, 2011. He has reported neck, back and left shoulder pain. The diagnoses have included lumbago, low back pain, neuralgia, neuritis, and radiculitis, unspecified and myalgia and myositis, unspecified. Treatment to date has included radiographic imaging, diagnostic studies, anti-inflammatories, analgesics, massage, heat therapy, physical therapy, chiropractic care and work duty modifications. Currently, the IW complains of neck, back and left shoulder pain. The injured worker reported an industrial injury in 2011, resulting in chronic neck, back and left shoulder pain. He was treated conservatively without resolution of the chronic pain. On February 2, 2105, evaluation revealed continued pain as previously noted and a compensatory limp. The plan of care included continued chiropractic care, medication management, pain patches and acupuncture therapy. On February 2, 2015, Utilization Review non-certified a request for physical therapy, chiropractic sessions, Lidoderm patches and Flexeril tablets, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested physical therapy, chiropractic sessions, Lidoderm patches and Flexeril tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had completed an unknown amount of prior therapy. Therapeutic response to prior sessions is unknown. In addition, the claimant was previously able to undergo home exercise in June 2014. There is no indication that further therapy cannot be completed at home. The request for additional physical therapy is not medically necessary.

Chiropractic sessions, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. the amount of total sessions completed is not provided. As a result additional chiropractor therapy is not justified and not medically necessary.

Lidocaine 5%, patch, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for

localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Flexeril 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril an unknown length of time. In addition, the claimant was provided beyond a several week supply of Flexeril. The prolonged use of Flexeril is not medically necessary.