MAXIMUS Federal Services

Case Number:	CM15-0052136		
Date Assigned:	03/25/2015	Date of Injury:	11/12/2008
Decision Date:	07/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 58 year old female who sustained an industrial injury on 11/12/2008. Several documents within the submitted medical records are difficult to decipher. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment provided to date has included: conservative care, medications (lidocaine topical ointment and naproxen). There were no noted previous injuries or dates of injury, and no noted comorbidities. On 02/07/2015, physician progress report noted constant low back pain, radiating pain to the lower extremities, right shoulder pain, and neck pain. The physical exam revealed tenderness to palpation in the cervical and lumbar areas with muscle spasms in the paraspinal musculature. The provider noted diagnoses of carpal tunnel syndrome, shoulder strain/sprain, contraction of the finger and myofascitis pain. Plan of care includes a continued medications and chiropractic treatment for the bilateral shoulders. Requested treatments include: 6 chiropractic sessions for the bilateral shoulders, Lidopro cream, cyclobenzaprine and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, 1 time weekly for 6 weeks, Bilateral Shoulder, Wrists, Hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation guidelines; Pain Outcomes and Endpoints Page(s): 58, 59; 8.

Decision rationale: Based on the 02/07/15 progress report provided by treating physician, the patient presents with pain to back, neck, bilateral shoulders and wrists. The request is for Chiropractic Sessions, 1 Time Weekly For 6 Weeks, Bilateral Shoulder, Wrists, and Hands. RFA not provided. Patient's diagnosis on 02/07/15 included carpal tunnel syndrome, shoulder sprain/strain, myofascial pain and contraction of the finger. Physical examination on 02/07/15 revealed spasms and tenderness to palpation to the cervical and lumbar spine paraspinal muscles. Treatment included conservative care and medications. Patient's medications included Cyclobenzaprine, Gabapentin, Naproxen, Omeprazole, Lidoderm patch, Lidopro cream. Patient's work status was not available. Treatment reports were provided from 07/12/14 - 02/07/15. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Provided treatment reports were illegible and difficult to interpret. Per 02/07/15 report, treater states "chiropractic treatment due to persistent pain and decreased ROM and muscle strength." Treatment history has not been provided and there is no mention patient has had chiropractic treatment in the past. An initial trial of 6 visits would be reasonable for patient's shoulder pain. However, chiropractic treatment to the wrist and hand is not supported by MTUS. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

LIdoPro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topicals Page(s): 111-112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Based on the 02/07/15 progress report provided by treating physician, the patient presents with pain to back, neck, bilateral shoulders and wrists. The request is for Lidopro Cream 121 Gm. RFA not provided. Patient's diagnosis on 02/07/15 included carpal tunnel syndrome, shoulder sprain/strain, myofascial pain and contraction of the finger. Physical examination on 02/07/15 revealed spasms and tenderness to palpation to the cervical and lumbar spine paraspinal muscles. Treatment included conservative care and medications. Patient's

medications included Cyclobenzaprine, Gabapentin, Naproxen, Omeprazole, Lidoderm patch, Lidopro cream. Patient's work status was not available. Treatment reports were provided from 07/12/14 - 02/07/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Provided treatment reports were illegible and difficult to interpret. Lidopro cream has been included in patient's medications per progress reports dated 07/12/14, 12/26/14 and 02/07/15. Treater has not provided medical rationale for the request, nor indicated what part of the body would be treated. Nonetheless, MTUS page 111 states that if one of the compounded topical drugs is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 02/07/15 progress report provided by treating physician, the patient presents with pain to back, neck, bilateral shoulders and wrists. The request is for Cyclobenzaprine 7.5mg Qty 60. Patient's diagnosis on 02/07/15 included carpal tunnel syndrome, shoulder sprain/strain, myofascial pain and contraction of the finger. Physical examination on 02/07/15 revealed spasms and tenderness to palpation to the cervical and lumbar spine paraspinal muscles. Treatment included conservative care and medications. Patient's medications included Cyclobenzaprine, Gabapentin, Naproxen, Omeprazole, Lidoderm patch, Lidopro cream. Patient's work status was not available. Treatment reports were provided from 07/12/14 - 02/07/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Provided treatment reports were illegible and difficult to interpret. Cyclobenzaprine has been included in patient's medications per progress report dated 12/26/14. MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Cyclobenzaprine at least since 12/26/14/14 report, which is almost 2 months from UR date of 02/19/15. Furthermore, the current request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Lidoderm 5% patches Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidoderm (lidocaine patch) Page(s): 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 02/07/15 progress report provided by treating physician, the patient presents with pain to back, neck, bilateral shoulders and wrists. The request is for Lidoderm 5% Patches Qty 60. Patient's diagnosis on 02/07/15 included carpal tunnel syndrome, shoulder sprain/strain, myofascial pain and contraction of the finger. Physical examination on 02/07/15 revealed spasms and tenderness to palpation to the cervical and lumbar spine paraspinal muscles. Treatment included conservative care and medications. Patient's medications included Cyclobenzaprine, Gabapentin, Naproxen, Omeprazole, Lidoderm patch, Lidopro cream. Patient's work status was not available. Treatment reports were provided from 07/12/14 - 02/07/15. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Provided treatment reports were illegible and difficult to interpret. Lidopro cream has been included in patient's medications per progress reports dated 07/12/14, 12/26/14 and 02/07/15. Treater has not provided medical rationale for the request, nor indicated body part to be treated. The patient does present with wrist pain, for which this medication would be indicated. However, Lidocaine patches are not supported for low back, neck or shoulder pain conditions. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. There is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.