

Case Number:	CM15-0073038		
Date Assigned:	04/23/2015	Date of Injury:	10/20/2010
Decision Date:	08/17/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York
 Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 10/20/2010. Diagnoses have included chronic pain, left shoulder pain status post surgery, cervicgia headache, left epicondylitis and chronic low back pain. Treatment to date has included magnetic resonance imaging (MRI), surgery and medication. According to the progress report dated 1/8/2015 the injured worker complained of chronic neck pain radiating to the left side of the head to the eyebrow area. She complained of left shoulder pain, elbow pain and diminished range of motion. She also complained of chronic low back pain. She reported that H-wave, naproxen and Norco minimized per pain and improved function. Physical exam revealed tenderness to palpation on the base of the skull, left shoulder, left epicondyle area and L4-5 area. Authorization was requested for a cortisone injection to the left elbow, H-Wave electrode pads, Norco, Flexeril and Flurbiprofen 20% Lidocaine 2% alternating with Cyclobenzaprine 10% Lidocaine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cortisone injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Initial Care 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Injection with anaesthetics and/or steroids.

Decision rationale: Per guidelines, Steroid injections should not be offered as either a primary or a sole treatment modality for pain management. Injection with anaesthetics and/or steroids are recommended as an adjunct with the intent to relieve pain, improve function, decrease medication use, and encourage return to work. The primary goal of this form of therapy is the short-term relief of pain in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. The injured worker complains of chronic left elbow pain. Physician report at the time of the requested service under review fails to support that a formal plan for exercise program is also being prescribed. The request for Retrospective diagnostic/therapeutic injection consisting of 1 Cortisone injection to the left elbow is not medically necessary by guidelines.

H-wave electrode pads continue H-wave use at home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117.

Decision rationale: MTUS states that the use of H-wave stimulation (HWT) is not recommended as isolated modality. A one-month home-based trial may be considered as an adjunct to a functional restoration program for diabetic neuropathic pain or chronic soft tissue inflammation, but only following failure of initially recommended conservative care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Documentation provided indicates that the injured worker reports current medication regimen and H-wave stimulator minimize pain and improve function. However, Physician report demonstrates no significant objective improvement in pain, with complains of constant pain, rated 7 out of 10 on pain scale. There is also no supporting evidence of concurrent functional restoration program to establish the medical necessity for continued use of H-wave stimulator. With MTUS criteria not being met, the medical necessity for H-wave stimulation (HWT) or supplies, has not been established. Subsequently, the request for H-wave electrode pads continue H-wave use at home is not medically necessary.

Norco 10/325mg po tid qid prn qty 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, left shoulder, left elbow and low back pain. Documentation fails to demonstrate adequate objective improvement in pain or level of function, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg po tid qid prn qty 100 is not medically necessary.

Flexeril 10mg #1 po qd prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers.

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain to justify continued use of Flexeril. The request for Flexeril 10mg #1 po qd prn #30 is not medically necessary per MTUS guidelines.

Flurbiprofen20% Lidocaine 2% 4gm top bid-tid pm alternating: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little

to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen 20% Lidocaine 2% 4gm top bid-tid pm alternating is not medically necessary.

Cyclobenzaprine 10% Lidocaine 2% 4gm top bid-tid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

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

Decision rationale: MTUS states that the use of muscle relaxants as a topical agent is not recommended. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Cyclobenzaprine 10% Lidocaine 2% 4gm top bid-tid prn is not medically necessary.