

Case Number:	CM15-0076804		
Date Assigned:	04/28/2015	Date of Injury:	03/14/2014
Decision Date:	09/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old female, who sustained an industrial injury on 3/14/2014. She reported neck, low back, right knee and right ankle pain. The injured worker was diagnosed as having right knee internal derangement, partial tearing of the anterior talofibular ligament, discogenic cervical condition with facet inflammation, thoracic sprain/strain, discogenic lumbar condition with facet inflammation. Treatment to date has included medications, swimming, exercises, weight loss and cortisone injections. It was noted that the IW completed PT, cortisone injections and the use of braces without any significant symptomatic improvement. The request is for acupuncture, Lidopro, Tramadol, Flexeril, TENS unit with conductive garment, and ELS range of motion brace. On 4/1/2015, she complained of ongoing neck, low back, right knee and right ankle pain. She reports losing 15 pounds. She has been swimming daily. She indicated a cortisone injection to the knee gave her some relief. The treatment plan included: acupuncture, injection, orthotic, right knee surgery, TENS unit with conductive garment, Lidopro, Flexeril, Protonix, Gabapentin, Naproxen, and Tramadol. The other medications listed are Topamax and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy, x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS Acupuncture and the ODG guidelines recommend that acupuncture can be utilized for the treatment of musculoskeletal pain. The beneficial effects of acupuncture include pain relief, reduction of medication utilization and functional restoration. The records indicate that the patient is involve with daily swimming exercise without functional limitation. The records indicate a successful loss of 15 pound in weight and improvement in function. The criteria for the use of acupuncture therapy #12 sessions was not met. Therefore the request is not medically necessary.

Lidopro Lotion 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when conservative treatments with first line anticonvulsant and antidepressant medications have failed. The recommended second line topical agent is topical lidocaine patch. The records did not show subjective or objective findings consistent with the diagnoses of neuropathic pain. There is no documentation of failure of first line medications. The guidelines recommend that topical agents be utilized individually so that efficacy can be evaluated. The LidoPro compounded product contains lidocaine 4.5%/ capsaicin 0.0325%/ methylsalicylate 27.5% / menthol 10%. There is lack of guidelines support for the chronic use of menthol and methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of LidoPro lotion 4 oz was not met. Therefore the request is not medically necessary.

Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs, co-analgesics and PT. The records did not show that the patient failed treatments with NSAIDs and non opioid co-analgesics. The patient is physically active without any indication or limitation due to severe musculoskeletal pain. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURESS data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Tramadol ER 150mg #30 was not met. Therefore the request is not medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and sedative medications. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended maximum period of 4 weeks. The patient is also utilizing opioids and other sedative medications concurrently. The criteria for the use of Flexeril 7.5mg #60 was not met. Therefore the request is not medically necessary.

DME: In Home Care ENS Unit with Conductive Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain.

Decision rationale: The CA MTUS did not address the use of DME such as ENS unit. The ODG guidelines recommend that DME can be utilized to improve physical function in patients that would otherwise be severely physical limitation without DME. The use of DME can also be associated with reduction in musculoskeletal pain. The records indicate that the patient is involve with daily swimming exercise without functional limitation. The records showed a successful loss of 15 pound in weight and improvement in function. The criteria for the use of DME in home care ENS unit with conductive garment was not met. Therefore the request is not medically necessary.

DME: EMS Range of Motion Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter DME.

Decision rationale: The CA MTUS did not fully address the use of DME such as EMS Range of Motion Brace. The ODG guidelines recommend that DME can be utilized to improve physical function in patients that would otherwise be severely physical limitation without DME. The use of DME can also be associated with reduction in musculoskeletal pain and functional restoration. The records indicate that the patient is involved with daily swimming exercise without functional limitation. The records showed a successful loss of 15 pound in weight and improvement in function. The criteria for the use of DME-EMS Range of Motion Brace was not met. Therefore the request is not medically necessary.