

Case Number:	CM14-0120226		
Date Assigned:	08/06/2014	Date of Injury:	05/12/2013
Decision Date:	10/20/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old patient had a date of injury on 5/12/2013. The mechanism of injury was not noted. In a progress noted dated 7/22/2014, subjective findings included neck pain 4/10 on pain scale. She wakes up with stabbing headaches every morning. She complains of anxiety and depression, and that her medications help decrease pain by about 50% and allows her to increase activity level. She is taking Norflex 100mg ER 1-2x/day, Pamelor 25mg once/night and Lidopro cream. On a physical exam dated 7/22/2014, objective findings included tenderness to palpation in bilateral paraspinal musculature of cervical spine, pain with facet loading of cervical spine bilaterally. Diagnostic impression shows cervical radiculopathy, cervical disc herniations with neural foraminal narrowing, possible cervicogenic headaches, facet arthropathy of cervical spine. Treatment to date: medication therapy, behavioral modification, acupuncture, physical therapy. A UR decision dated 7/22/2014 denied the request for Lidopro #120, stating no evidence of functional gains and no failed trials of 1st line recommendations. Norflex 100mg #60 was denied stating long term use is not recommended. Nortriptyline 25mg #60 was denied, stating no objective evidence of functional improvement. Acupuncture for neck #8 was denied, stating limited documentation of functional gains and patient has completed 7 visits. Pain psychological followups to address persistent stress was denied, stating no documentation of response to the medication for anxiety and depression to support followup visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4 Ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: lidopro

Decision rationale: A MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA state Lidopro is a combination of Capsaicin .0325%, lidocaine 4.5, menthol 10%, and methyl salicylate 27.5%. Furthermore, there was no discussion of intolerance or failure of 1st line oral analgesics in the reports viewed. Therefore, the request for Lidopro #120 is not medically necessary.

Orphenadrine 100 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodics Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Pain Procedure Summary, Antispasticity/Antispasmodics Drugs

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. From a physical exam dated 7/22/2014, the patient is not documented to have muscle spasms. Furthermore, from the reports viewed, this patient has been documented to be on orphenadrine since at least 4/18/2014, and guidelines do not support long term use. Therefore, the request for orphenadrine 100mg #60 is not medically necessary.

Nortriptyline 25 mg. #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Specific Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. On a 7/22/2014 progress report, the patient is documented to have symptoms consistent with neuropathic pain, such as numbness and tingling down right arm to elbow. The patient claims the medications help with the pain and increase activity level. Therefore, the request for nortriptyline 25mg #60 is medically necessary.

Acupuncture times eight (8) weeks for the neck: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the latest progress report dated 7/22/2014, the patient is noted to have completed 7 acupuncture visits. However, there was no objective functional improvement noted to justify a treatment beyond the 3-6 initial recommended visits. Therefore, the request for acupuncture x8 weeks for the neck was not medically necessary.

Pain Psychological follow ups to address persistent stress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workman's Compensation (TWC): Pain Procedure Summary; Evaluations and Management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits are recommended. In a progress report dated 7/22/2014, it was noted that the patient continues to have pain and stress despite being on conservative treatments. However, in this case, the number of visits requested is unclear. Therefore, the request for pain psychological followups is not medically necessary.