MAXIMUS Federal Services

Case Number:	CM14-0196847		
Date Assigned:	12/04/2014	Date of Injury:	02/13/2008
Decision Date:	05/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44-year-old female who reported an injury on 01/18/2008. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spine sprain/strain, cervical spine sprain/strain, and left knee derangement of the meniscus, left shoulder sprain/strain, and right shoulder tendinitis/bursitis. The injured worker presented on 10/30/2014 for a follow-up evaluation with complaints of 8/10 constant pain. The injured worker reported a relief of symptoms with prior physical therapy and acupuncture. The injured worker had also been evaluated by a neurologist; however, the report was not provided. The injured worker utilized a cane for ambulation assistance and reported a worsening of her condition. Upon examination, there was difficulty with standing and rising from a seated position, as well as an antalgic gait with stiffness. Recommendations at that time included continuation of the current medication regimen, a cane, and a course of physical therapy and acupuncture. The Request for Authorization form was submitted on 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for three weeks for the cervical spine, lumbar spine, bilateral knees, bilateral shoulders: 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): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has previously participated in a course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate.

Acupuncture twice a week for three weeks for the cervical spine, lumbar spine, bilateral knees, bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, it was noted that the injured worker had previously participated in a course of acupuncture. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment would not be supported. As such, the request is not medically appropriate at this time.

Norco 5/325mg #60 with 1 refill: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically appropriate.

Norcosott #30 with 1 refill: 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): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. In this case, there was no documentation of an attempt at first line treatment prior to the initiation of a prescription product. The injured worker does not maintain a diagnosis of chronic constipation. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lidoderm patch #30 with 1 refill: 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): 114-117.

Decision rationale: California MTUS Guidelines recommend lidocaine for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. In this case, there was no documentation of a failure to respond to first line oral medication. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Methyl cream 120ml with 1 refill: 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 rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically appropriate.