

Case Number:	CM14-0216888		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2002
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/26/2014

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

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:

This 53 year old female was injured 9/30/02 in a motor vehicle accident with complaints persistent neck bilateral upper extremity pain; paresthesias and weakness. Prior to this injury the injured worker had a low back injury that was work related in 1991 (no details provided) and in 1993 had right ankle degenerative changes noted. In 7/03 began complaining of migraine headaches. MRI (5/13/03) of the right shoulder demonstrated labral cystic change, chondromalacia and supraspinatus and intraspinous tendinosis. She underwent right shoulder surgery on 8/15/03 which afforded overall 35% improvement. She had a psychological evaluation 11/20/03 that indicated depression and anxiety. In addition she underwent cervical computed tomography discogram (4/22/04), cervical epidural steroid injection (9/7/04), MRI brain (9/29/04) no reports for above studies. She had right carpal tunnel release (4/24/08) with relief of right wrist complaints but note from 2/20/14 revealed return of carpal tunnel symptoms bilaterally and bilateral elbow pain radiating into her hands plus paresthesias and neck pain radiating distally into her arms. She had electromyography and nerve conduction studies of upper extremities 11/7/03, 1/15/08, 12/3/08 and 2/20/14 which all demonstrated normal upper extremities and carpal tunnel syndrome right greater than left. MRI of the lumbar spine (5/17/13) revealed multi-level disc degeneration. Her medications include Norco, Ativan, omeprazole, Atenolol, Motrin and cyclobenzaprine. She is obese and has been approved for evaluation by weight loss physician, acupuncture, pool therapy and hand surgeon.. She had acupuncture to the lumbar spine with 50% pain reduction and decrease in use of pain medications. There was no acupuncture results for the cervical spine but it has been approved. On physical exam of the

cervical spine there was diffuse tenderness including the bilateral upper trapezius region with positive Spurling's test with head in the left and right positions and negative compression test bilaterally. The bilateral shoulder exam demonstrated full range of motion with active assist bilaterally and positive Hawkin's and Neer's tests on the right and negative on the left. Diagnoses include multilevel cervical discopathy; status post right shoulder arthroscopy; status post arthroscopic Bankart repair, labral treatment, loose body removal, rotator cuff debridement, revision subacromial decompression and Mumford procedure; status post bilateral carpal tunnel release with recurrences; neurological diagnosis; sleep disturbances; psychiatric complaints; lumbosacral strain/arthritis/ discopathy with radiculopathy; thoracic strain/arthritis. There is no documentation of functional improvement. The last day worked 8/13/03. On 12/19/14 Utilization Review (UR) non-certified the gym/pool membership based on these activities having no supervision by a licensed health professional, goals are not established and monitored, adherence is voluntary and compliance is not measurable. The request for hydrocodone 10mg/ 325 mg # 60 was non-certified based on no documentation of functional improvement or maintenance and no documentation of close monitoring including a pain contract and prescriber data base search. Lorazepam 1 mg #60 was non-certified based on no exceptional factors noted in the documentation submitted, to consider this request as an outlier to the guidelines. Lidoderm 5% Patches #2 was non-certified based on no documentation of failed first-line therapy or documented functional improvement from previous use of this topical agent. The guidelines referenced were MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym/pool membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & low back chapter, Gym memberships

Decision rationale: This patient presents with pain in the cervical spine, although she has issues with her mid and lower back as well, as per progress report dated 12/09/14. The request is for 1 year membership to gym. The patient also has sharp shooting pain in the right hand and pain in the shoulder girdle as well. She is stable with regards to her sleep issues, headaches and psychiatric complaints, as per the same progress report. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In progress report dated 12/09/14, the treater states that gym membership will help the patient lose weight by burning calories. This would improve her aerobic fitness. It would also work on improving her low back complaints. The treater states that the patient found

aquatic therapy to be very helpful but does not have access to heated, year-round pool without the membership. The reports, however, do not discuss why the patient cannot lose weight by exercising at home. There is no documentation of specific objective and subjective outcomes of this program. Additionally, there are no details about the need for the use of specialized equipment, and there is no plan for medical supervision at the gym or the pool. This request is not medically necessary.

Lidoderm 5% patches times two boxes: Upheld

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

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

Decision rationale: This patient presents with pain in the cervical spine, although she has issues with her mid and lower back as well, as per progress report dated 12/09/14. The request is for Lidoderm Patch 5%. The patient also has sharp shooting pain in the right hand and pain in the shoulder girdle as well. She is stable with regards to her sleep issues, headaches and psychiatric complaints, as per the same progress report. 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, 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. In this case, a prescription for Lidoderm patch was first noted in progress report dated 03/25/14. The patient has received the patch consistently since then. The patient has cervical pain that radiates to shoulders and right hand and has been diagnosed with radiculopathy and the patient does not present with localized, peripheral neuropathic pain for which this topical is indicated. The treater does not state how it is used and with what efficacy either. The request is not medically necessary.

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with pain in the cervical spine, although she has issues with her mid and lower back as well, as per progress report dated 12/09/14. The request is for Norco tablets 10/325 mg. The patient also has sharp shooting pain in the right hand and pain in the shoulder girdle as well. She is stable with regards to her sleep issues, headaches and

psychiatric complaints, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Norco is first noted in progress report dated 02/20/14 indicating that the patient has been taking the medication consistently at least since then. The progress reports, however, do not document a change in pain scale or measurable improvement in function due to opioid use. No UDS and CURES reports have been provided for review. The treater does not discuss the side effects of the medications as well. Continued use of Norco requires discussion about the 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, as per MTUS. This request for Norco 10/325 mg #60 is not medically necessary.

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

Decision rationale: This patient presents with pain in the cervical spine, although she has issues with her mid and lower back as well, as per progress report dated 12/09/14. The request is for Lorazepam tablets 1 mg. The patient also has sharp shooting pain in the right hand and pain in the shoulder girdle as well. She is stable with regards to her sleep issues, headaches and psychiatric complaints, as per the same progress report. MTUS guidelines state on page 24 that benzodiazepines such as Xanax are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, Lorazepam is first noted in progress report dated 03/25/14 and the patient has been using the medication consistently since then. In progress report dated 05/27/14, the treater states that Lorazepam is being prescribed to relieve anxiety and assist with sleep that is secondary to the interruption of sleep caused by the injury to the patient. While the progress reports document psychiatric issues, they do not provide additional details about the type of problem and the extent. Moreover, MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines limit use of this medication to 4 weeks. The request for # 60 exceeds the recommended time period. This request is not medically necessary.