

Case Number:	CM15-0171241		
Date Assigned:	09/11/2015	Date of Injury:	03/29/2012
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 3-29-12. The injured worker has complaints of low back pain, bilateral upper extremity pain and bilateral pelvic pain. The documentation noted on 8-7-11 the lumbar spine examination revealed range of motion reduced and guarded in flexion, extension, lateral bend, and flexion is 45 and extension is 10. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included chiropractic treatment has historically resulted in relief of spasm and inhibited range of motion; Norco; Xanax for anxiety; Celebrex and lidocaine patches. The documentation on 8-7-11 noted that the injured workers transcutaneous electrical nerve stimulation unit had a malfunction and due to the absence of the transcutaneous electrical nerve stimulation unit as part of her therapeutic regimen her pain has increased to six out of ten on a pain scale of 1 to 10 and has resulted in increased frequency of spasm, dysrhythmia of her lumbar spine and pelvis. The injured worker is asking for an additional dose of Norco through the day due to the increased amount of pain, that she is currently utilizing the Norco three times a day and plans to utilize her transcutaneous electrical nerve stimulation unit as a substitute for the Norco when available. The original utilization review (8-17-15) partially approved a request for chiropractic (treatments) quantity two (original request for four); the request for Norco 5-325mg quantity 180.00 was modified to 90 and the request for Lidoderm 5% (700mg-patch) quantity 240.00 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (treatments) QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS recommends manual therapy and manipulation as a treatment option for chronic pain. However, elective/maintenance care is not medically necessary per this guideline. The current requested treatment is maintenance in nature given the nature and duration of past treatment. This patient would be anticipated to have previously transitioned to an independent active home rehabilitation program; the records and treatment guidelines do not support supervised or passive manual therapy/manipulation in the current timeframe. This request is not medically necessary.

Norco 5/325mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Lidoderm 5% (700mg/patch) QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.