

Case Number:	CM15-0179665		
Date Assigned:	09/21/2015	Date of Injury:	02/13/2004
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 13, 2004. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve requests for Norflex, Lidoderm patches, and acupuncture. The claims administrator referenced an August 20, 2015 office visit and an associated RFA form of the same date in its determination. The claims administrator contended that the treating provider had failed to outline how much the prior acupuncture the applicant has had and/or what the response to the same was. The applicant's attorney subsequently appealed. On August 20, 2015, the attending provider noted that the applicant had ongoing pain complaints. The attending provider reiterated his request for Norflex, Lidoderm patches, and Biofreeze gel. The note was incomplete and did not identify the source of the applicant's pain, objective findings, or the applicant's current diagnoses. The applicant's work status was likewise not identified. On July 15, 2015, the attending provider again stated the applicant had ongoing pain complaints. The attending provider reiterated his request for Norflex, Lidoderm and Biofreeze gel. Once again, the note was incomplete. The attending provider stated that the applicant's medications allowed him to function, perform self-care, and work. Again, however, the note was seemingly incomplete, did not contain description of the applicant's subjective complaints, and did not identify objective findings, and did not identify current diagnoses. It was not clearly established whether the applicant was working or not, as it appeared that the attending provider's commentary on medication efficacy relied on a template of some kind, which was seemingly identical to earlier note of May 28, 2015. The applicant's work status was not clearly furnished either on April 20, 2015 or an earlier note dated March 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: 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): Muscle relaxants (for pain).

Decision rationale: No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Norflex at issue implied chronic, long-term and/or twice daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Electro acupuncture (with infrared, myofascial release) 2 times a week for 3 weeks, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for six additional sessions of acupuncture to include the infrared therapy and myofascial release modalities was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvements as defined in section 9792.20e, here, however, it did not appear the applicant had in fact profited from ongoing Norflex usage in terms of the functional improvements parameters established in MTUS 9792.20e. The applicant remained dependent on variety of analgesic medications to include Norflex and Lidoderm patches. The attending provider's progress notes of August 20, 2015, July 16, 2015, May 26, 2015, April 23, 2015, and March 19, 2015, were, moreover, incomplete, and failed to clearly articulate the applicant's subjective complaints, objective findings, work status, functional status, response to earlier acupuncture, etc. Therefore, the request was not medically necessary.

Lidoderm 5% patch #1 box: 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: Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and anticonvulsants, here, however, multiple progress notes, referenced above, including the August 20, 2015 office visit at issue made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to the introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.