

Case Number:	CM15-0042600		
Date Assigned:	03/12/2015	Date of Injury:	12/06/2002
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: California, Massachusetts
 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 injured worker is a 51 year old female who sustained an industrial injury on 12/6/02. The injured worker reported symptoms in the neck, shoulder, right arm and migraines. The injured worker was diagnosed as having brachial neuritis, myalgia and myositis, unspecified, status post anterior/posterior cervical fusion, neck and right upper extremity pain and dysesthesia exacerbated by recent moving vehicle accident. Treatments to date have included epidural injection, status post cervical fusion C6-7 in 2003, status post shoulder surgery, acupuncture treatments, Botox injections, transcutaneous electrical nerve stimulation unit, anti-inflammatory medications, and oral pain medications. Currently, the injured worker complains of pain in the right shoulder and migraines. According to the recent clinic note on 01/29/15, the IW has increased right shoulder pain and migraine headaches. Pain is 10/10 regardless of medication usage. The patient states he wants to get off of medications. No physical exam notes that are legible are provided. Diagnoses include brachial neuritis and myalgia. The plan of care was for continued acupuncture treatments, a gym membership, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (months), quantity 12: 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) Shoulder Chapter; gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter/ gym membership.

Decision rationale: According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals". According to my review of the records, there is no indication that a home exercise program has been attempted and been non effective, additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Therefore, the request is not medically necessary.

Acupuncture, quantity 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to acupuncture treatment guidelines, trial of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week up to 1-2 months with possibility to extended treatment if functional improvement is documented. The peer review states that treatment "is not reasonable as there is no documentation of specific functional improvement with prior therapy also it is unknown how many sessions provided". From my review of the records there is no report of prior acupuncture therapy; however according to MTUS lack of records should not be a sole reasons for denying requested treatment. Since there is no record of prior acupuncture than this request should be considered as an initial request; as an initial request the requested number of sessions (6) is medically necessary.

Flerexil 10mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, page(s) 64-66.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly.

Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. Therefore, the request is not medically necessary.

Lidoderm 5%, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Page 112-119, Lidoderm, 56.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. 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. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Consequently continued use of the above listed compounded agent is not supported at this time. Therefore, the request is not medically necessary.