

Case Number:	CM15-0071401		
Date Assigned:	04/21/2015	Date of Injury:	01/20/2010
Decision Date:	07/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial/work injury on 1/20/10. He reported initial complaints of neck and low back pain. The injured worker was diagnosed with cervical disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral wrist carpal tunnel syndrome, bilateral wrist sprain/strain, and lumbar disc syndrome. Treatment to date has included medication and psychological consultation. Currently, the injured worker complains of neck and low back pain. Per the primary treating physician's report (PR-2) on 2/7/15, exam revealed decreased cervical spine and lumbar range of motion with pain. Pain was rated as 7/10. There was limited range of motion due to pain in the cervical and lumbar spine. Extension is limited by spasms. Upper and lower extremity reflexes are 2+/4. Diagnosis was cervical disc and lumbar disc syndrome. The requested treatments include physiotherapy C/S, internal medical follow-up, Flurbiprofen/Tramadol, Lidoderm patches, and transfer of care to pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy C/S 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Pain, Suffering and the Restoration of Function Chapter, page 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the cervical spine is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had been injured many years prior to this request and there was evidence of the worker performing home exercises. There was no report found in the documentation suggestive of the worker having difficulty performing these home exercises, nor was there any justification for additional supervised physical therapy to justify this request. Therefore, the physical therapy is not medically necessary at this time.

Internal Medical Follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Evaluation & Management (E&M), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, it was unclear as to why the internal medicine follow-up was requested as there was no explanation or background information found in the notes provided for review to help the reviewer make a decision for medical necessity. Therefore, without supportive information to suggest a referral to internal medication was required regarding the stated injury from 2010, the request for internal medicine referral is not medically necessary at this time.

Flurbiprofen 20%, Tramadol 20%, 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Typical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental, particularly combination or compounded preparations, as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was insufficient evidence to support the use of this preparation of an NSAID and opioid for topical use. There was no evidence to suggest oral NSAIDs were not appropriate or unsuccessful. Also, the chronic use of oral or topical NSAIDs is not recommended due to significant side effects and is not generally recommended for the diagnoses listed for this worker. There is no evidence to support the use of topical opioids as well. Therefore, the request for topical flurbiprofen/tramadol is not medically necessary.

Lidoderm patches #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence found in the notes available for review to suggest there was an unsuccessful trial of first-line therapy for neuropathic pain to justify the consideration of the use of topical lidocaine. Therefore, the request for Lidoderm is not medically necessary at this time.

Transfer of care to pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was record of the worker having seen pain medicine consultants before with evidence to suggest interventions such as epidural steroid injections and other advice was not successful followed by the recommendation of the pain specialist to return "as needed" due to the lack of need for the referral considering the unsuccessful treatments. A referral to another pain specialist is not medically necessary considering this information presented in the notes. Management of this worker's case by the primary treating physician should be sufficient.