

Case Number:	CM15-0072058		
Date Assigned:	04/22/2015	Date of Injury:	05/26/2009
Decision Date:	07/03/2015	UR Denial Date:	03/23/2015
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 60 year old female, who sustained an industrial injury on 5/26/09. She reported right leg going numb. The injured worker was diagnosed as having lumbar strain with right lumbar radiculitis, cervical strain with right cervical radiculitis, thoracic strain, bilateral shoulder pain and cervicogenic muscle contraction headaches. Treatment to date has included epidural steroid injections, chiropractic treatment, oral medications, topical medications and massage therapy. Currently, the injured worker complains of low back pain, right leg numbness, neck pain with radiation to the left scapular area, upper and mid back pain with occasional burning sensation, bilateral shoulder and scapular pain and headaches. The injured worker states she has good relief from Nucynta and Robaxin and chiropractic treatment and massage therapy have helped very much with improvement of pain. A request for authorization was submitted for massage and chiropractic treatment, Nucynta, ibuprofen cream, Robaxin and a muscle stimulator. Other recommendations included continuation of pain management, discontinuation of Flector patch and follow up appointment in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage and chiropractic therapy, once weekly for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pp. 58-60 AND Massage therapy, p. 60. Decision based on Non-MTUS Citation ODG, Lower Back section, Massage AND Neck and Upper Back section, Massage.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. The MTUS Chronic Treatment Guidelines also recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. In the case of this worker, there was only a vague report of having had benefit from prior chiropractor and massage therapy sessions, but without more detail in regards to specific functional gains and measurable pain reduction directly related to these sessions and how long the benefit lasts to help justify this request for continued treatments. Without this evidence of benefit and more justification of continuing these passive modalities which is discouraged from being used excessively, the request for 12 sessions of chiropractor and massage therapy sessions will not be considered medically necessary at this time.

Nucynta 50 mg, 100 count: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract,

drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show this full review regarding Nucynta use to help justify its continuation. There was no documentation, which reported the specific functional gain and measurable pain level or medication reduction direction related to the ongoing use of Nucynta. It was in fact documented that the use of Nucynta did not provide significant relief. Therefore, the request for Nucynta will not be considered medically necessary at this time. Weaning is recommended.

Ibuprofen 10% cream: Upheld

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

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 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 record of the worker using Flector patch, but without any clear benefit with overall functional gain or pain reduction. Switching to topical ibuprofen is unlikely to provide significant relief if the Flector patch did not. Also, topical NSAIDs are not appropriate for the diagnoses listed for this worker. Also, ongoing and chronic use of NSAIDs in oral or topical form is not intended to be used on a chronic basis due to significant side effect risks associated with these medications. Therefore, the request for ibuprofen cream will not be considered medically necessary at this time.

Robaxin 500 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to show that the intention of this request was to treat the worker's acute spasm, but was rather for ongoing chronic use as it had been used, which is not a recommended use of this drug class. In fact, it was reported that the Robaxin use did not significantly help treat the reported chronic pain in this worker, according to the notes provided for review. Therefore, the request for Robaxin will not be considered medically necessary.

Muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it was not clear as to which exact form of nerve/muscle stimulation the worker had been using prior to this request. It was unclear if the worker was already using a purchased stimulator or was in a trial period of use. Regardless, there was insufficient evidence of measurable functional gains and pain level or medication reduction to help justify its continuation. Without this more clear report of benefit with use and a more specific request as to the type of stimulator requested, the request for "muscle stimulator" will not be considered medically necessary at this time.