

Case Number:	CM15-0074620		
Date Assigned:	04/24/2015	Date of Injury:	09/06/2011
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 09/06/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having herniated nucleus pulposus at lumbar three to four and lumbar four to five with stenosis, multilevel herniated nucleus pulposus of the cervical spine with stenosis, and cervical and lumbar radiculopathies. Treatment to date has included magnetic resonance imaging of the medication regimen, cervical spine, magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction study, and computed tomography of the abdomen. In a progress note dated 02/13/2015 the treating physician reports continued complaints of neck and back pain that is rated a three to five out of ten on a pain scale along with bilateral upper and lower extremity symptoms of numbness, tingling, and burning. The injured worker also has persistent and severe right wrist pain. The treating physician requested physical therapy two times a week for three weeks for the cervical and lumbar spines to assist with decreasing pain, increasing activity level, increasing strength, and increasing range of motion. The treating physician also requested the medications of Nortriptyline HCL 25mg with quantity of 60 and Lidopro topical ointment with a quantity of one, but the documentation provided did not indicate the specific reasons for these requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 6 visits for the cervical and lumbar spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions to the cervical spine and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are HNPs at L3 - L4 and L4 - L5 with stenosis; multilevel HNPs cervical spine with stenosis; and cervical and lumbar radiculopathies. Medical record contains 24 pages and two progress notes. The progress notes are dated February 13, 2015 and April 10, 2015. The request for authorization is dated March 30, 2015. Progress note dated February 13, 2015, subjectively, states the injured worker has neck and low back complaints. Pain ranges from 3-5/10. Objectively, the injured worker has decreased range of motion in the cervical, thoracic and lumbar spine in all planes and is limited by pain. There is decreased sensation at the right C6, C7 and C8 dermatomes. EMG/NCS of the bilateral upper and lower extremities dated February 2, 2012 did not show evidence of cervical radiculopathy, but did show evidence of right L4 - L5 radiculopathy. The utilization review indicates the injured worker received the recommended amount of physical therapy. The documentation states the injured worker has not received physical therapy since the injury. The injured worker has received 24 acupuncture sessions and 24 chiropractic sessions with some improvement. There is no documentation of prior physical therapy or physical therapy progress notes. There are no compelling clinical facts indicating additional physical therapy is warranted. Additionally, there is no clinical indication or rationale in the treatment plan for additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy six sessions to the lumbar spine and cervical spine is not medically necessary.

Nortriptyline HCL 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Nortriptyline HCL 25 mg #60 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week or as antidepressant effects take longer to work. In this case, the injured worker's working diagnoses are HNPs at L3 - L4 and L4 - L5 with stenosis; multilevel HNPs cervical spine with stenosis; and cervical and lumbar radiculopathies. Medical record contains 24 pages and two progress notes. The progress notes are dated February 13, 2015 and April 10, 2015. The request for authorization is dated March 30, 2015. Progress note dated February 13, 2015, subjectively, states the injured worker has neck and low back complaints. Pain ranges from 3-5/10. Objectively, the injured worker has decreased range of motion in the cervical, thoracic and lumbar spine in all planes and is limited by pain. There is decreased sensation at the right C6, C7 and C8 dermatomes. EMG/NCS of the bilateral upper and lower extremities dated February 2, 2012 did not show evidence of cervical radiculopathy, but did show evidence of right L4 - L5 radiculopathy. The documentation does not contain a starting date for nortriptyline. The documentation, according to a February 13, 2015 progress note, states the injured worker takes nortriptyline 10 mg once at night. The medication health decreases pain by about 50% and allows him to increase his sleep by two hours. The treatment plan increases nortriptyline to 25 mg. The documentation shows nortriptyline 10 mg is providing subjective relief and improvement in sleep and pain. There is no clinical indication or rationale for Nortriptyline 25 mg documented in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for an increase in the nortriptyline dose to 25 mg, Nortriptyline HCL 25 mg #60 is not medically necessary.

Lidopro Topical Ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Capsaicin, Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro topical ointment #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are HNPs at L3 - L4 and L4 - L5 with stenosis; multilevel HNPs cervical spine with stenosis; and

cervical and lumbar radiculopathies. Medical record contains 24 pages and two progress notes. The progress notes are dated February 13, 2015 and April 10, 2015. The request for authorization is dated March 30, 2015. Progress note dated February 13, 2015, subjectively, states the injured worker has neck and low back complaints. Pain ranges from 3-5/10. Objectively, the injured worker has decreased range of motion in the cervical, thoracic and lumbar spine in all planes and is limited by pain. There is decreased sensation at the right C6, C7 and C8 dermatomes. EMG/NCS of the bilateral upper and lower extremities dated February 2, 2012 did not show evidence of cervical radiculopathy, but did show evidence of right L4 - L5 radiculopathy. The progress note dated February 13, 2015 shows the treating provider prescribed Capsaisin cream. There is no clinical rationale in the treatment plan for the discontinuation of Capsaisin cream and prescribing Lidopro topical ointment. Lidocaine in non-Lidoderm form is not recommended. Topical Capsaisin 0.0325% is not recommended. Any compounded product that contains at least one drug (topical lidocaine in non-Lidoderm form and topical Capsaisin 0.0325%) that is not recommended is not recommended. Consequently, Lidopro topical ointment is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro topical ointment #1 is not medically necessary.