

Case Number:	CM15-0077075		
Date Assigned:	04/28/2015	Date of Injury:	01/23/1997
Decision Date:	06/30/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old male who sustained an industrial motor vehicle accident injury on 01/23/1997. The injured worker was diagnosed with lumbar disc herniation, lumbar discopathy, cervical discopathy, early degeneration C5-6 and obesity. The injured worker is status post C6-C7 spinal fusion (no date documented). Treatment to date includes diagnostic testing, surgery, physical therapy, aquatic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and medications. According to the primary treating physician's progress, report on March 19, 2015 the injured worker continues to experience low back pain with radiation to the lower extremities and neck pain, bilateral arm and wrist pain. The injured worker rates his pain at 7/10 for each area. Examination of the cervical spine demonstrated tenderness at the occipital insertion of the paracervical musculature, trapezii and midline base. Neurological testing was intact with decreased range of motion. Scapular retraction is limited and produces rhomboid pain. Full shoulder motion elicits trapezius tenderness and pain. Deep tendon reflexes, sensation and strength are diminished bilaterally. Examination of the lumbar spine demonstrated tenderness from the thoracolumbar spine to the base of the pelvis with slightly tight paralumbar musculature. Decreased knee and ankle reflexes, sensation and strength were noted in the lower extremities. Coordination and balance were intact. Current medications are listed as Norco and Ultram. Latest urine drug screening on March 19, 2015 is inconsistent for the prescribed medications. Treatment plan consists of continuing with home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit supplies and

electrodes and the current request for acupuncture therapy for the cervical spine and lumbar spine, physical therapy, Norco renewal and topical analgesics cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Despite long term, usage there is no evidence of pain reduction. The patient still reports pain between 7-8/10. The previous reviewer modified the request to Norco 10/35mg #34 to allow for continued weaning. As such, the request for Norco 10/325 MG #45 is not medically necessary.

Flurbiprofen 12 Percent, Baclofen 2 Percent, Gabapentin 6 Percent and Lidocaine 4 Percent 120 Gram: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug

class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states that topical Baclofen is "Not recommended." MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Many of the components of the requested topical medication are not recommended by guidelines. As such, the request for Flurbiprofen 12 Percent, Baclofen 2 Percent, Gabapentin 6 Percent and Lidocaine 4 Percent 120 Gram is not medically necessary.

8 Physical Therapy Visits for Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate 8 physical therapy sessions on 9/15/14 and 4 aquatic therapy sessions on 1/3/15. Documentation does not indicated objective functional improvement or reduction in pain level with previous. The patient currently participates in a home exercise program; the treating physician does not document the proposed goals of the additional therapy. As such, the request for 8 Physical Therapy Visits for Cervical and Lumbar Spine is not medically necessary.

8 Acupuncture Visits for The Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents indicated that due to non-certification the patient has begun weaning or decreasing pain medication. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the patient received acupuncture before. Guidelines recommend a trial of 3-4 visits with evidence of objective functional improvement to warrant further treatments. This request is in excess of guideline recommendations. The previous reviewer modified the request and approved a trial of 3 Acupuncture Visits for The Cervical and Lumbar Spine. As such, the request for 8 Acupuncture Visits for The Cervical and Lumbar Spine is not medically necessary.