

<b>Case Number:</b>	CM15-0094207		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 5/25/2011. Diagnoses include acute neurologic deficit bilateral upper extremities, bilateral upper extremity muscular strain, paracervical sprain/strain, thoracic sprain/strain, paralumbar strain, lumbosacral strain, cervical sprain/strain, bilateral quadriceps strain, right rotator cuff strain/tear, rotator cuff syndrome and gastritis secondary to NSAIDs for pain treatment. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), and conservative measures including physical therapy, occupational therapy and medications including Tramadol, Metaxolone, Celebrex and Lidoderm patch. Cervical magnetic resonance imaging (MRI) (undated) was read by the provider as showing mild degenerative disc disease. Per the Primary Treating Physician's Progress Report dated 2/21/2015, the injured worker reported right wrist pain, bilateral shoulder pain and bilateral digital numbness. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The plan of care included, and authorization was requested, for Tramadol 50mg, Lidoderm patches, Gabapentin, laboratory evaluations including ESR and CRP, aqua therapy and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Tramadol 50mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88 and 89.

**Decision rationale:** This patient presents with right wrist pain, bilateral shoulder pain and bilateral digital numbness. The current request is for Prescription of Tramadol 50mg, #60. The RFA is dated 02/21/15. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), acupuncture, physical therapy, occupational therapy and medications including Tramadol, Metaxalone, Celebrex and Lidoderm patch. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 02/21/15, the patient complained of bilateral shoulder pain that radiates to the arms with numbness into the hands. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The request is for a refill of Tramadol. The patient has been utilizing Tramadol since at least 12/14/14. The patient reported pain as a constant 3-8/10 and with the use of medications there is significant improvement in activity, able to do cleaning, ADL's and possible return to work. This sole statement is written in progress reports 10/17/14, 12/14/14, 02/21/15 and 05/23/15. There is only a generic statement of medication efficacy. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Unknown physical therapy sessions: Upheld**

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

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

**Decision rationale:** This patient presents with right wrist pain, bilateral shoulder pain and bilateral digital numbness. The current request is for Prescription of Unknown physical therapy sessions. The RFA is dated 02/21/15. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), acupuncture, physical therapy, occupational therapy and

medications including Tramadol, Metaxalone, Celebrex and Lidoderm patch. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98 and 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 02/21/15, the patient complained of bilateral shoulder pain that radiates to the arms with numbness into the hands. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The provider requests physical therapy and states partial response and temporary, trapezial spasm and pectoralis and strain. AME report from 10/12/12 notes that the patient has had physical therapy before the 2012 CTR and after the surgery as well. The patient also participated in an undisclosed number of therapies in 2013 and Occupational Therapy Discharge Summary report dated 03/14/13 states [REDACTED] is well versed in a home program and it is hoped that with her continued diligence she will continue to make gains. The exact number of completed physical therapy visits to date is not clear. In this case, the patient has been discharged from therapy and the treating physician has not provided any discussion as to why the patient would not be able to continue the self-directed home exercise program. In addition, per report 02/21/15, prior PT has provided only a limited response. The requested additional physical therapy is not medically necessary.

**Unknown aqua therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98 and 99.

**Decision rationale:** This patient presents with right wrist pain, bilateral shoulder pain and bilateral digital numbness. The current request is for Prescription of Unknown aqua therapy sessions. The RFA is dated 02/21/15. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), acupuncture, physical therapy, occupational therapy and medications including Tramadol, Metaxalone, Celebrex and Lidoderm patch. The patient is not working. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. MTUS Guidelines, pages 98 and 99, Chronic Pain Medical Treatment Guidelines: Physical Medicine Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8

weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. According to progress report 02/21/15, the patient complained of bilateral shoulder pain that radiates to the arms with numbness into the hands. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The provider requests aqua therapy stating not previously tried, as conventional physical therapy had only a limited response. In this case, there is no mention as to why reduced weight bearing exercises are necessary with no indication of extreme obesity or any other condition to warrant water therapy. The request is not medically necessary.

**Unknown prescription of Lidoderm patches: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches) Page(s): 56 and 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

**Decision rationale:** This patient presents with right wrist pain, bilateral shoulder pain and bilateral digital numbness. The current request is for Prescription of Unknown prescription of Lidoderm patches. The RFA is dated 02/21/15. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), acupuncture, physical therapy, occupational therapy and medications including Tramadol, Metaxalone, Celebrex and Lidoderm patch; the patient is not working. MTUS Chronic Pain Guidelines pages 56 and 57 regarding Lidoderm (lidocaine patches) states, Lidoderm are the brand name for a lidocaine patch produced by [REDACTED]. 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 or Lyrica). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. MTUS page 112 regarding Lidocaine also states, Lidocaine indication: neuropathic pain recommended for localized peripheral pain. ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. A Trial of patch treatment is recommended for a short-term period (no more than four weeks). This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." According to progress report 02/21/15, the patient complained of bilateral shoulder pain that radiates to the arms with numbness into the hands. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The provider requests Refill of Lidoderm patches in order to do ADL's and returns to work and as the patient seeks non-narcotic pain relief. The patient is status post right

CTR in 2012 with continued pain with associated tingling in hands. With the use of Lidoderm patches, the patient is able to increase ADL's and reduce other medication intake. This patient is status post CTR with residual symptoms and the provider has documented the effectiveness of this medication. This request is medically necessary.

**One CRP and ESR:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

[labtestsonline.org/understanding/analytes/crp/tab/testlabtestsonline.org/understanding/conditions/rheumatoid/start/1/](http://labtestsonline.org/understanding/analytes/crp/tab/testlabtestsonline.org/understanding/conditions/rheumatoid/start/1/).

**Decision rationale:** This patient presents with right wrist pain, bilateral shoulder pain and bilateral digital numbness. The current request is for Prescription of One CRP and ESR. The RFA is dated 02/21/15. Treatment to date has included surgical intervention (bilateral carpal tunnel surgeries, 2012), acupuncture, physical therapy, occupational therapy and medications including Tramadol, Metaxalone, Celebrex and Lidoderm patch. The patient is not working. At [labtestsonline.org/understanding/analytes/crp/tab/test](http://labtestsonline.org/understanding/analytes/crp/tab/test) states, "The C-reactive protein (CRP) test is used by a health practitioner to detect inflammation. CRP is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation. The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition." At [labtestsonline.org/understanding/analytes/esr/tab/test](http://labtestsonline.org/understanding/analytes/esr/tab/test) states, "The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, temporal arteritis, systemic vasculitis and polymyalgia rheumatica. A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as some others, such as systemic lupus erythematosus (SLE)." Arthritis panel. As per Lab Tests Online at [labtestsonline.org/understanding/conditions/rheumatoid/start/1/](http://labtestsonline.org/understanding/conditions/rheumatoid/start/1/), includes Rheumatoid factor (RF), Cyclic citrullinated peptide (CCP) antibody, Antinuclear antibody (ANA), Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Complete blood count (CBC), and Comprehensive metabolic panel (CMP). According to progress report 02/21/15, the patient complained of bilateral shoulder pain that radiates to the arms with numbness into the hands. Physical examination revealed upper and lower extremities 2+ reflexes all. Palpation of the spine and extremities revealed tenderness to the bilateral trapezius, biceps and triceps with limited ranges of motion. The patient has been utilizing NSAID on a long term bases. The provider

requests CRP and ESR to assess active inflammation. CRP and ESR testing may help rule out inflammation and assist with further treatment. The request is medically necessary.