

<b>Case Number:</b>	CM13-0038146		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year-old female patient sustained an injury on 3/4/11. Requests under consideration include 12 AQUA THERAPY VISITS and PRESCRIPTION FOR LIDODERM 5% PATCH (700MG/PATCH) #60. Report of 9/11/13 from the provider noted patient with ongoing symptoms involving the back, right knee, and left hip. The patient had recent LESI which reduced her low back pain to 3-4/10. Current medications list Colace, Lidoderm patches, Trazodone, Cymbalta, Clonidine, Famotidine, Simvastatin, Aspirin, and Gabapentin. The patient completed physical therapy for the lumbar spine and continues to do the instructed home exercises. Diagnoses include knee pain, hip pain, low back pain, and sacroiliac pain. The patient is s/p right knee surgery in January 2013 with positive orthopedic testing of Gaenslen's and Faber testing of the lumbar spine; exam also noted decreased strength of the right foot, ankle, and knee with reduced light touch to right lateral, medial and plantar foot surface. The above requests for aqua therapy and Lidoderm patches were noncertified on 9/18/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 AQUA THERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Physical Therapy. Page(s): 98-99.

**Decision rationale:** This 68 year-old female employee sustained an injury on 3/4/11. Requests under consideration include 12 AQUA THERAPY VISITS and PRESCRIPTION FOR LIDODERM 5% PATCH (700MG/PATCH) #60. Report of 9/11/13 from the provider noted employee with ongoing symptoms involving the back, right knee, and left hip. The employee had recent LESI (lumbar epidural steroid injections) which reduced her low back pain to 3-4/10. Current medications list Colace, Lidoderm patches, Trazodone, Cymbalta, Clonidine, Famotidine, Simvastatin, Aspirin, and Gabapentin. The employee completed physical therapy for the lumbar spine and continues to do the instructed home exercises. Diagnoses include knee pain, hip pain, low back pain, and sacroiliac pain. The employee is status post right knee surgery in January 2013 with positive orthopedic testing of Gaenslen's and Faber testing of the lumbar spine; exam also noted decreased strength of the right foot, ankle, and knee with reduced light touch to right lateral, medial and plantar foot surface. Pool Therapy does not seem appropriate as the employee has received and completed land-based physical therapy and is currently doing a home exercise program as instructed. There are no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require aqua therapy at this time. The employee is not status-post recent knee surgery done over 1 year ago nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the employee should have the knowledge to continue with functional improvement with a home exercise program. The employee has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the employee has been instructed on a home exercise program for this injury. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the employee striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The 12 AQUA THERAPY VISITS is not medically necessary and appropriate.

**PRESCRIPTION FOR LIDODERM 5% PATCH (700MG/PATCH) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Lidoderm® (li.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics. Page(s): 111-113.

**Decision rationale:** The employee exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical

Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this employee has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the employee is also on multiple other oral analgesics. The PRESCRIPTION FOR LIDODERM 5% PATCH (700MG/PATCH), #60 is not medically necessary and appropriate.