

<b>Case Number:</b>	CM13-0050004		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Family Practice 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 is a 42-year-old male patient who reported an injury on 11/17/2005, and the mechanism of injury was not provided. On physical examination dated 02/07/2013, the patient presented status post right knee diagnostic and operative arthroscopy on 02/17/2012, and left knee diagnostic and operative arthroscopy previously in 2007. Clinically, he is reportedly doing well. However, he continues to have some stiffness, achiness, and discomfort in regards to his bilateral knees. Also, he reportedly complains of low back pain. He has difficulty with sitting, standing, or walking for any prolonged period of time. As a result of the pain, he went to an emergency room for treatment and was given Soma for pain. Following the left knee arthroscopy in 2007, the patient developed a subsequent DVT and pulmonary embolism. The patient was placed on Coumadin for some time, and now is no longer requires this medication. The range of motion to bilateral knees is 0 to 120 degrees, and also 1+ effusion on the left knee, and positive patellofemoral crepitation bilaterally and positive grind test, as well as pain with deep squat. An MRI of the lumbar spine on 02/25/2013 revealed mild central canal spinal stenosis at L3-4 and L4-5, secondary to shortened pedicle distance in the AP dimension resulting in the thecal sac measuring 7.6 mm at L3-4 and 6.7 mm at L4-5. Otherwise, the MRI is normal. The MRI of the left knee on 09/16/2013 revealed normal medial meniscus and mild intrasubstance degenerative signal intensity without evidence of a tear. The articular cartilage of the medial compartment is grossly preserved. On physical exam on 12/04/2013, the patient presented with lumbar pain to the lower extremities. It is noted under the musculoskeletal exam that movement was severely restricted in all directions, pain elicited in all directions. The left lower extremity strength of the major muscle groups was 4/5. Right lower extremity strength of the major muscle groups was 4/5. Gait was antalgic. The treatment plan was for the patient to return to activities at home

and/or at work, and to maximize and maintain optimal physical activity and function. The patient was informed by the physician that he is further deteriorated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy to the lumbar spine QTY 18 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** The CA MTUS Guidelines state passive therapy is beneficial in the early phases of pain and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion. A home exercise program is recommended. The patient's injury occurred back in 2005 and the documentation provided does not indicate any significant functional or neurological deficits. Therefore, the request for physical therapy to the lumbar spine is noncertified.

#### **Tramadol HCL 300MG, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Tramadol Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Opioids for Chronic Pain and Tramadol Page(s): 80,82,113.

**Decision rationale:** The CA MTUS Guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Chronic back pain: appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear, but also appears limited; not recommended as a first-line therapy for neuropathic pain. There was no documentation provided as to what type of therapy the patient is currently receiving and there are no physical deficits noted for this patient, given the injury did occur back in 2005, the request for tramadol is noncertified.

#### **Lidoderm Patch 5% #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Lidoderm Patch Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Lidoderm Patch Page(s): 56-57.

**Decision rationale:** The CA MTUS Guidelines state Lidoderm® (lidocaine patch) Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. 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. The Lidoderm patch is recommended after there has been evidence of a trial of first-line therapy. The CA MTUS Guidelines indicate that the Lidoderm patch is not recommended for first-line treatment and recommended for localized peripheral pain. Therefore, the request for the Lidoderm patch is noncertified.