

<b>Case Number:</b>	CM13-0071610		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/08/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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. The expert 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 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/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:

The patient is a 59-year-old male who has submitted a claim for cervical radiculopathy, shoulder region disorders not elsewhere classified and acromioclavicular sprains and strains associated with an industrial injury date of November 8, 2009. The patient complains of persistent neck and right shoulder pain. Physical examination of the cervical spine showed limitation of motion, spasm of the paravertebral muscles, and a positive Spurling's on the left. X-rays of the cervical spine showed disc collapse at the C5-C6 and C6-C7 levels. There is no evidence of any fractures, dislocations, spondylolisthesis or spondylolysis. An MRI of the cervical spine was also obtained and revealed a multilevel foraminal stenosis. The patient had received facet blocks and epidural steroid injections, which have failed to provide long term benefit. The diagnoses include cervical radiculopathy, shoulder region disorders not elsewhere classified and acromioclavicular sprains and strains. The treatment plan includes physical therapy 3x4 for the cervical spine and oral medications. Lidocaine patches were also prescribed to reduce the intake of oral medications. Treatment to date has included oral analgesics, facet blocks, epidural steroid injections, home exercises and physical therapy to the right shoulder. Utilization review from December 11, 2013 denied the requests for the remaining PT x 6 because the guidelines recommend a brief course of physical therapy with evidence of improvement before additional treatment can be considered appropriate; Lidoderm patches because there was no documentation of localized peripheral pain, nor was there documentation of trial of first-line therapy; and oral medications because the specific medication, strength, dosing and quantity was not provided along with the medical rationale for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REMAINING PHYSICAL THERAPY X 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Physical Therapy

**Decision rationale:** As stated on page 114 of the ACOEM Practice Guidelines referenced by CA MTUS, a time-limited treatment plan with clearly defined functional goals is important. There should be frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. ODG allows 12 visits over 10 weeks for the treatment of brachial neuritis or radiculitis after an initial six-visit clinical trial. In this case, the patient was diagnosed with cervical radiculopathy for which 12 sessions of physical therapy was recommended. Utilization review, dated December 11, 2013, certified the first 6 physical therapy sessions for the cervical spine. However, there was no documentation of the patient's response to the treatment. The guideline recommends continued treatment after an initial trial of 6 visits with documented objective functional gains. The medical necessity has not been established at this time. Therefore, the request for the remaining physical therapy x 6 is not medically necessary.

**LIDODERM PATCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL ANALGESICS, ,

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

**Decision rationale:** Pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Lidoderm 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. In this case, there is no discussion regarding trial and failure of first-line treatment. The medical necessity has not been established. Moreover, the quantity of the requested medication was not specified. Therefore, the request for Lidoderm Patches is not medically necessary.

**ORAL MEDICATIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** As stated on page 47 of the ACOEM Practice Guidelines referenced by CA MTUS, consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations. In this case, the request did not specify the medication to be dispensed, its dosage, frequency, and indication for use. The medical necessity cannot be established due to lack of information. Therefore, the request for Oral Medications is not medically necessary.