

<b>Case Number:</b>	CM14-0010846		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/5/10. A utilization review determination dated 1/21/14 recommends non-certification of psych care, additional massage therapy, Prilosec, and LidoPro. Lyrica was certified for 30 days. 10/7/13 medical report identifies neck pain 5/10 radiating to the RUE with numbness and tingling to the fingers. Headaches are severely increased since the last visit. Low back pain 5/10 radiating to the BLE with numbness and tingling to the toes. On exam, there is tenderness and decreased ROM. Sensation is decreased in the bilateral C6, C7, C8, T1, and L4 dermatomes. 4+/5 strength is noted in bilateral biceps, IR, wrist flexors and extensors, triceps, and finger flexors. The right IR, ER, wrist extensors and flexors, and interossei are 5-/5. No explanation was given with regard to the inconsistencies described with muscle strength. Reflexes are increased in bilateral tibialis anterior, biceps, brachioradialis, triceps, patellar, and Achilles. Lhermitte's is positive bilaterally. The patient reports that if he does not do massage therapy, he gets very stiff. It also helps him walk longer and limited his narcotic medication. Recommendations include LidoPro, ongoing care with psychiatry, and additional massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL MASSAGE THERAPY (X8):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. The provider notes that the patient gets stiff without massage and he is able to walk better and use fewer pain medications while receiving it, but there is no documentation identifying why he has not transitioned into an independent home exercise program rather than rely on ongoing passive treatment. Furthermore, the requested number of sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested massage therapy is not medically necessary.

**LIDOPRO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for LidoPro, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested LidoPro is not medically necessary.