

Case Number:	CM14-0012790		
Date Assigned:	02/21/2014	Date of Injury:	12/10/2010
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 57 year old female with an injury reported on 12/10/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/14/2014, reported that the injured worker complained of right forearm, wrist, and low back pain. The physical examination revealed pain upon palpation to the right forearm and along the lumbar paraspinous muscles. It was reported the injured worker had a negative straight leg raise. The injured worker's prescribed medication list included ibuprofen, ativan and lidoderm patch. The injured worker's diagnoses included right forearm strain; right wrist strain; and lumbar strain. The provider noted the massage chair with hand massager, was requested due to the injured worker reporting that she previously used her sister's massage chair which made her "feel fantastic". The provider also requested lidoderm patches; however, the rationale for the requested patches was not provided. The request for authorization was submitted on 01/31/2014. The injured worker's prior treatments included psychiatric counseling sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE CHAIR WITH HAND MASSAGER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MESSAGE THERAPY Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: The request for massage chair with hand massager is non-certified. The injured worker complained of right forearm, wrist, and low back pain. The provider noted the massage chair with hand massager, was requested due to the injured worker reporting that she previously used her sister's massage chair which made her "feel fantastic". The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. It was noted the injured worker was participating in a home exercise program which was reviewed in clinic. The provider noted the massage chair with hand massager, was requested due to the injured worker reporting that she previously used her sister's massage chair which made her "feel fantastic". The requesting provider did not specify the massage equipment was to rent or to purchase. There is a lack of information provided documenting the efficacy of the massage equipment as evidenced by decreased pain and significant objective functional improvements. The massage equipment would not meet the definition of DME as it is useful to a person in the absence of illness or injury. Furthermore, the requesting provider did not specify the duration of use of the massage equipment being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is non-certified.

LIDODERM PATCH QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM AND TOPICAL ANALGESICS SECTIONS Page(s): 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for lidoderm patch quantity 30 is non-certified. The injured worker complained of right forearm, wrist, and low back pain. The injured worker's prescribed medication list included ibuprofen, ativan and lidoderm patch. The rationale for the lidoderm patch was not provided. The CA MTUS guidelines recommend lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of clinical information indicating the injured worker's pain was unresolved with a tri-cyclic or other first-line therapy prior to using the Lidoderm patch. There is a lack of information provided documenting the efficacy of the Lidoderm patch as evidenced by decreased pain and significant objective functional improvements. The provider's rationale for the request

was not provided. Furthermore, the requesting provider did not specify the utilization frequency, strength or location of application of the medication being requested. Therefore, the request is non-certified.