

<b>Case Number:</b>	CM14-0016513		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported injury on 05/21/2012. The mechanism of injury was the injured worker was taking out the garbage and slipped on some grease, felt his knee pop, and twisted his back. The documentation of 10/28/2014 revealed the injured worker had pain of 5/10 to 6/10. The documentation indicated the injured worker had low back pain that was made worse with prolonged walking, lifting, bending, and standing and was improved with medications, rest, ice, and heat. It was indicated the injured worker had been through physical therapy for his knee and back with partial benefit. The patient obtained chiropractic manipulation with significant help. The patient had complaints of left shoulder tenderness. The injured worker indicated both shoulder and knee pain was aggravated during physical therapy for his back. The patient was noted to be taking no medications; however, had taken Lidoderm and Vicodin in the past. The physical examination revealed the injured worker had mild tenderness across the lumbosacral area with mild restriction of flexion of about 20% at extreme range. The physical examination of the left shoulder revealed some tenderness over the bicipital groove with adequate range of motion and some mild impingement sign. The injured worker had had dysesthesia along the left lateral leg from knee to heel. The diagnoses included pain in limb, pain in joint involving shoulder region, lumbar sprain, and lumbago as well as degeneration of lumbar intervertebral disc. The plan included heat, ice, rest, and gentle stretching and exercise, Celebrex, Voltaren, lidocaine patches to the back daily, Prilosec, and Ultram as well as an urgent surgical consultation due to reported instability and the use of crutches or cane and limited weight bearing until further assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK X 4 WEEKS (LUMBAR AND LEFT SHOULDER): Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend physical medicine treatment with the maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy with some benefit. There was a lack of documentation of the number of prior physical therapy visits and the objective functional benefit that was received from it. There was a lack of documentation of objective functional deficits to support the necessity for additional therapy. The injured worker should be well-versed in a home exercise program for the lumbar spine. Furthermore, the clinical documentation failed to indicate if the injured worker had prior therapy or other treatments for the shoulder. The request for physical therapy twice a week for four weeks (lumbar and left shoulder) is not medically necessary.

**VOLTAREN GEL 1 % #2 TUBES: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines recommend physical medicine treatment with the maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy with some benefit. There was a lack of documentation of the number of prior physical therapy visits and the objective functional benefit that was received from it. There was a lack of documentation of objective functional deficits to support the necessity for additional therapy. The injured worker should be well-versed in a home exercise program for the lumbar spine. Furthermore, the clinical documentation failed to indicate if the injured worker had prior therapy or other treatments for the shoulder. The request for physical therapy twice a week for four weeks (lumbar and left shoulder) is not medically necessary.

**LIDOCAINE PATCH 5% #30: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines indicate that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The clinical documentation submitted for review failed to indicate the injured worker had a trial of first line therapy. The physician documentation indicated the patch would be treating the back. The medication is not indicated to treat axial pain. It is indicated to treat peripheral pain. The injured worker had previously tried Lidoderm. There was a lack of documentation of objective functional benefit and an objective decrease in pain to support the necessity for nonadherence to guideline recommendations. The request for Lidocaine patch 5% #30 is not medically necessary and appropriate.