

Case Number:	CM14-0111678		
Date Assigned:	09/16/2014	Date of Injury:	07/07/2012
Decision Date:	10/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine 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 injured worker is a 57-year-old woman whose reported date of injury was 07/07/2012. She had low back pain and was last seen in June 2014. She had complaints of "sciatica" but on imaging with MRI, she was found to have mild degenerative disease without disk herniation or radiculopathy. She had undergone physical therapy, primarily passive and stretching techniques, along with medication management including Acetaminophen, Codeine, and Ibuprofen. She was on anti-hypertensive treatment and simvastatin for hypercholesterolemia. There was a significant history of depression with some features of anxiety. She was on Bupropion and citalopram for the same. The request was for active physical therapy and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Overturned

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: Although the patient has completed 12 sessions of physical therapy (PT) already, she clearly has not done active therapy. Past therapy has included passive treatments

including stretching. Therefore, this can be considered an exceptional factor and should be taken into consideration for allowing the patient to obtain active therapy in excess of the total number of recommended visits. The request is therefore recommended medically necessary.

Lidoderm Patches 5%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-81.

Decision rationale: The provider indicates the patient has localized back pain, which appears to be superficial. He has recommended a trial of therapy with Lidoderm, which has the potential to relieve both nociceptive and neuropathic pain. The provider has instructed the patient to try Lidoderm at night with 12 hours on and 12 hours off. Subsequently, the trial will include daytime treatment with nighttime breaks. Further, the provider has judiciously indicated that the patches be cut down to the size that is appropriate to cover the affected painful area. This will allow minimization of waste. Lidoderm is typically approved for neuropathic pain but has the potential to help in mixed painful conditions along with nociceptive conditions. It is worth a trial to see if the patient will benefit since she wants to avoid systemic therapies given that she is on polypharmacy already. This is an appropriate and prudent medical rationale. Therefore, the request is recommended medically necessary.