MAXIMUS Federal Services

Case Number:	CM14-0119729		
Date Assigned:	09/24/2014	Date of Injury:	01/17/2008
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 who reported an injury of unspecified mechanism on 01/17/2008. On 08/12/2013, her diagnoses included cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, status post right shoulder arthroscopy in 11/2010, left knee contusion, joint effusion, degenerative change, and possibility of a partial avulsion of the medial patellar retinaculum, and emotional complaints. On 10/31/2013, in a psychological evaluation, her diagnoses included major depressive disorder severe, psychological factors affecting a medical condition, insomnia, sleep disorder due to pain, female hypoactive sexual desire disorder due to pain, hypertension, diabetes, anxiety, depression, panic attacks, and suicidal ideation. On 03/25/2014, her complaints included right shoulder and periscapular area flare-up lasting 6 weeks with difficulty sleeping due to pain. Her medications included ibuprofen 600 mg and Lidoderm patch. The treatment plan recommendations were to follow-up in 4 to 6 weeks and to consider a diagnostic study of the right shoulder if signs and symptoms did not improve with physical therapy. She reported her pain level at 5/10 to 6/10 with medications and 8/10 without medications. Medications also enabled her to perform her ADLs and allowed her to have improved sleep. On 05/07/2014, it was noted that they were still awaiting the physical therapy schedule to the right shoulder. There was no rationale or request for authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder, right upper trap, right periscapular area three times a week for four weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis is 9 to 10 visits over 8 weeks. The requested 12 visits of physical therapy exceed the recommendations in the guidelines. Therefore, this request for physical therapy right shoulder, right upper trap, and right periscapular area 3 times a week for 4 weeks is not medically necessary.

Lidoderm patch 5%: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy including tricyclic or SNRI antidepressants or an antiepileptic medication such as gabapentin or Lyrica. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. There was no indication in the submitted documentation that this injured worker had failed trials of antidepressants or antiepileptic medications. She did not have a diagnosis of post herpetic neuralgia. Additionally, there was no quantity or frequency of application included in the request. Furthermore, the body part which was to have been treated was not identified in the request. Therefore, this request for Lidoderm patch 5% is not medically necessary.