

Case Number:	CM14-0161916		
Date Assigned:	10/07/2014	Date of Injury:	10/01/2013
Decision Date:	11/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Medicine and is licensed to practice in California and Washington. 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 22-year-old female who reported an injury on 10/01/2013. The injury reportedly occurred while attempted to move 5 to 6 shopping carts in the store with the assistance of a coworker. The carts slammed into the right hip while trying to turn the carts. The injured worker sustained a subsequent injury on 10/13/2013 while attempting to lift the handles of the first cart while flexing her elbows. She experienced a painful SNAP in the right hip. The diagnoses were noted to include lumbar radiculopathy, lumbar degenerative disc disease, right sciatica, right hip contusion, and right greater trochanteric bursitis. Past therapies included medications, ice, and heat. Diagnostic studies included an MRI of the lumbar spine on 02/11/2014, another MRI of the lumbar spine was completed on an unspecified date, an MRI of the right hip on was completed on 11/04/2013, and an EMG of the lumbar spine was completed on 03/27/2014. Medical history included an appendectomy and a cholecystectomy. There is a note dated 09/10/2014 but it is handwritten and hard to decipher. The next note for review was dated 08/27/2014. The patient was seen for low back and right hip pain and right leg numbness. The patient has received 20 sessions of chiropractic therapy. The injured worker complained of right hip cramping with radicular symptoms into the posterior left knee. The injured worker stated her knees had buckled beneath her on multiple occasions. The injured worker complains of headaches, new onset hot flashes, and abnormal menstrual cycle. The patient was declared permanent and stationary on 03/28/2014. The injured worker complained of ongoing lumbosacral right radicular back pain into her lower right leg and right chronic hip pain. She described the pain as throbbing, sharp, and dull with associated radiculitis into the plantar and dorsal aspects of her right foot. The pain was a 7/10 to 8/10. Occasionally experienced full right lower extremities numbness. The pain is worse with bending, twisting, lifting, pushing, and

pulling of heavy items. The patient can ambulate for 30 minutes, sit for 30 minutes, and stand for 15 minutes. Upon examination, there was tenderness to the paraspinals, sacroiliac joints, and piriformis and over the right tensor fasciae latae. The treatment plan is to continue the medications Lidoderm and ibuprofen, begin Norco, consult for trigger point injections, consider hip injections and epidural steroid injections, request authorization for physical therapy. The rationale was not provided. The Request for Authorization was dated 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for physical therapy 3 times a week for 3 weeks is not medically necessary. The injured worker has a history of chronic low back, hip, and right leg pain. The California MTUS Guidelines on physical therapy state to allow for fading of treatment plus self-directed home physical medicine. The guidelines recommend a trial of 6 therapy visits prior to allowing more. There needs to be documentation of functional improvement. It is unclear the number of sessions completed with physical therapy and if there was functional improvement. There is lack of documentation as to the body part to be worked. The request exceeds the guideline's recommendations of a 6 visit trial. As such, the request is not medically necessary.

Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Lidoderm 5% is not medically necessary. The injured worker has a history of chronic low back, hip and right leg pain. California MTUS state that topical agents are largely experimental. There is lack of documentation of failure of oral agents. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is lack of documentation as to where the cream would be supplied (applied?). There is a lack of documentation as to the frequency and dosage on the request. As such, the request for Lidoderm 5% is not medically necessary.

Norco 5/325mg, 1 po BID pm:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Norco 5/325 one by mouth twice a day in the evening is not medically necessary. California MTUS Guidelines state opioids should not be tried until the injured worker has failed a trial of nonopioid analgesics. There is lack of documentation of any tried and failed medications. The guidelines also state a baseline pain and functional assessment should be made. There is lack of documentation of a baseline assessment or a trial for opioid use. The request is for 1 tablet twice a day in the evening. There is conflict of direction on how the medication is to be given (twice a day or at in the p.m.). There is lack of a quantity associated with the request. As such, the request is not medically necessary.