

Case Number:	CM14-0169313		
Date Assigned:	10/17/2014	Date of Injury:	05/12/1992
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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:

Patient is a 56 year-old female with date of injury 05/12/1992. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/26/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed tenderness to palpation and moderate to severe spasm in the left trapezius and scapular muscles. Range of motion was decreased in all planes with pain. Examination of the lumbar spine revealed antalgic gait and tenderness to palpation over the bilateral lower lumbar facet region, left sacroiliac joint and left buttock. Range of motion was limited in all planes with pain. Straight leg raising test from seated position was positive on the left at 90 degrees and negative on the right. Diagnosis: 1. Chronic pain syndrome 2. Cervical radiculitis 3. Cervical degenerative disc disease 4. Lumbar degenerative disc disease. Patient has been approved for 10 sessions of a functional restoration program on 06/02/2014. The medical records supplied for review document that the patient was first prescribed the following medication on 09/26/2014. Medications: 1. Lidoderm Patches 5% SIG: one patch every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Box of Lidoderm Patches 5% with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the MTUS, Lidoderm may be recommended 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. One Box of Lidoderm Patches 5% with 1 refill is not medically necessary.

8 sessions of physical therapy of the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement during the patient's last 10 visits in a functional restoration program. Eight sessions of physical therapy of the lumbar and cervical spine is not medically necessary.