

<b>Case Number:</b>	CM14-0025903		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 50-year-old male with a reported date of injury on 10/05/1999. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include ankle and foot joint pain, lumbar disc disease, lumbosacral spondylosis without myelopathy, myalgia and myositis, cervical intervertebral disc degeneration, shoulder joint pain; cervical spondylosis without myelopathy, postlaminectomy lumbar region failed back syndrome and postlaminectomy lumbar region syndrome. His previous treatments were noted to include surgery, deep tissue massage, chiropractic care, physical therapy, biofeedback and medications. The progress note dated 02/06/2014 revealed that the injured worker complained of pinching in the neck and rated his pain as 4/10. The injured worker indicated that after massage, he started to increase his workout program from simple cardio of up to 45 minutes to 45+ minutes of cardio and started light weights for core work. The injured worker indicated that his thumb was still painful despite surgery with a lot of use. The injured worker reported that his right shoulder had improved active range of motion with massage. The injured worker reported that he had tightness, especially if his hand was in the prone position. He reported that he was working out his right elbow but still had numbness of fingers 4 to 5. The injured worker revealed that he was having problems with mobility in regards to his knees. The injured worker rated his overall pain from a 7/10 to an 8/10. The injured worker revealed that his functional limitations included the ability to walk easily over uneven ground, safely climb a ladder and repetitively use the shoulders for rotator activities or overhead activities and the inability to bend partway and repetitively bend and twist. The physical examination revealed that the physical examination of the neck revealed tightness of rotation with limits at 60 degrees to the left and 15 degrees to the right. The injured worker was sore at the base of the neck, and C5-6 had tight traps. The

physical examination of the upper extremities noted limited range of motion to the shoulders. The physical examination of the back noted limited flexion, limited extension and more pain noted on the left at the L4-5 with muscle tightness. The physical examination of the lower extremities revealed gait with lurching to the right leg; the range of motion to the bilateral hips and knees was full without evidence of swelling at the joints. The provider reported that the injured worker had ongoing problems with his neck, which massage had helped by decreasing the pain in his neck by 50% or more and allowing him to use very occasional instead of nightly sleep medications and that he gets a better night's sleep. The injured worker's medications were noted to include Savella 50 mg, Lidoderm, Norco 10/325 mg at 2 tablets 4 times a day, Lunesta 3 mg 1 at bedtime, Klonopin 0.5 mg 2 daily, Voltaren gel 1% three times a day, AndroGel, Ambien CR 12.5 one occasionally if he has a massage, Wellbutrin XL 300 mg and Nuvigil 250 mg. The Request for Authorization form dated 02/06/2014 was for deep tissue massage for the neck for a flare up and shoulder as well as Lidoderm patches 5% at two to the ankle daily #60 with no refills for neuropathic pain of the right foot.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 Deep tissue massage sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The request for 8 deep tissue massage sessions is not medically necessary. The injured worker has been utilizing massage since at least 2012. The California MTUS Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatments, such as exercise, and it should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The injured worker has been utilizing massage since at least 2012, and the guidelines do not recommend passive modalities and state that treatment dependence should be avoided. There was a lack of documentation regarding a current exercise program, and the request for 8 massage sessions exceeds the guideline recommendations. Therefore, the request is not medically necessary.

#### **1 Prescription Lidoderm patches 5% #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for 1 prescription of Lidoderm patches 5% #60 is not medically necessary. The injured worker has been utilizing this medication since at least 2012. The California MTUS Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that Lidocaine is indicated for neuropathic pain. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend the treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The guidelines do not recommend Lidoderm for non-neuropathic pain, and there was only 1 trial that tested 4% Lidocaine for the treatment of chronic muscle pain. The results showed that there was no superiority over placebo. The injured worker indicated that he was utilizing this medication for burning pain to his foot and neck and noted that it was beneficial. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.