

<b>Case Number:</b>	CM14-0029920		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 41 year old female who reported an injury on 10/16/2012 when she slipped and fell at work. The physician diagnosed her with bilateral knee tricompartmental arthritis, mild; patellofemoral syndrome; and chronic pain syndrome. The injured worker was placed on conservative care including physical therapy and Naproxen and Vicodin. On 12/06/2012 an MRI of the knees bilaterally revealed on the right knee there was tricompartmental arthritis more severe laterally, lateral meniscal tibial avulsion, muscle atrophy and mild proximal medial collateral scarring and degeneration. There was no mention when the Naproxen and Vicodin were discontinued and the injured worker was started on Relafen, Prilosec and Lidoderm patches. The injured worker has shown progress in her recovery but still complains of pain and interrupted sleep related to the pain. The physician is seeking psychotherapy for three to four sessions and Lidocaine 5% patches 60 each. The request for authorization and rationale for the requests were not provided within the available records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOTHERAPY 3-4 SESSIONS:** 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 Psychotherapy Page(s): 23.

**Decision rationale:** The injured worker is presenting with improvement in her activities of daily living and pain management. Under Chronic pain medical treatment guidelines for psychotherapy it states the physician is to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The injured worker offers no indication per guidelines for psychotherapy. As such, the request is not medically necessary and appropriate.

**LIDOCAINE 5% PATCHES #60:** 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 Lidocaine Page(s): 112.

**Decision rationale:** The request for Lidocaine 5% patches 60 each is non-certified. Under California Medical Treatment Utilization Schedule (MTUS) for chronic pain medical treatment guidelines for Lidocaine, the Lidoderm patches are 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 antiepileptic drugs (AED), such as gabapentin or Lyrica. However, the injured worker is only prescribed Prilosec and Relafen; neither medication is a tri-cyclic or SNRI anti-depressant or an AED such as Gabapentin or Lyrica. As such, the request is not medically necessary and appropriate.