

<b>Case Number:</b>	CM14-0056216		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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:

This is a 71-year-old male with a 5/5/09 date of injury; the mechanism of the injury was not described. The patient was seen on 3/31/14 for the follow up visit. Exam findings revealed tenderness in the lumbar paraspinal muscles and difficulties standing from the seated position. His gait was slow and guarded. The patient was seen on 4/29/14 with complaints of 5-8/10 low back pain radiating to the lower extremity with accompanied spasms, numbness and tingling. The patient stated that he felt depressed due to limitations because of his chronic pain. He has been approved for the gym membership for 6 months analog with 6 personal training sessions. The patient was seen on 6/4/14 with complaints of lower back pain that was aggravated by physical activities. He was using Tramadol ER and Lidoderm patch 5% #30. The patient also complained of spasms, tingling and numbness in the low back accompanied with radiation to the right lower extremity. The patient stated, that the pain interfered with his activities of daily living (ADLs) and waked him up at night. Exam findings revealed lumbar extension of 20 degrees and lumbar flexion of 40 degrees. The diagnosis is degenerative lumbar disc disease, lumbosacral spondylosis, spondylolisthesis and right inguinal hernia. Treatment to date: work restrictions, home exercise program, physical therapy, hot/cold patch, TENS unit, facet joint injections and medication. An adverse determination was received on 1/30/14. The request for Lidoderm Patches 5% # 30 was denied due to neuropathic findings into the lower extremity, which was not an indication due to the CA MTUS Guidelines. The request for 8 personal training sessions was modified to 6 sessions, to access the benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription for Lidoderm Patches 5%, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Argoff, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) page 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

**Decision rationale:** CA MTUS states that topical lidocaine 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is a lack of documentation indicating that the patient tried and failed first-line therapy medication for the localized pain. However the patient has been using Lidoderm patches at least from 12/27/13 there is a lack of documentation indicating how much the patient's pain level decreased and how was it effective. In addition, the patient has been using Tramadol ER for his pain. Therefore, the request for Lidoderm Patches 5% # 30 was not medically necessary.

## **8 Personal Training Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134,Chronic Pain Treatment Guidelines Exercise.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

**Decision rationale:** CA MTUS Guidelines state that it should be expected that most patients with more severe acute and subacute LBP conditions receive 8 to 12 visits with [REDACTED] over 6 to 8 weeks, as long as functional improvement and program progression are documented. Patients with mild symptoms may require either no therapy appointments or few appointments. Those with moderate problems may require 5 to 6 visits. In addition, patients with chronic LBP who have not had prior treatment should follow similar guidance as those with acute LBP. Other chronic LBP patients may need more treatment. Factors influencing the number of visits needed include the content of prior treatment, patient response to prior treatment, their retention of information, and the exercises they were taught. The UR decision dated 1/30/14 modified the request for 8 Personal Training Sessions to 6 sessions, to access the benefit. In addition, the patient was approved for 6 months gym membership. Therefore, the request for 8 Personal Training Sessions was not medically necessary.