

Case Number:	CM14-0070358		
Date Assigned:	07/14/2014	Date of Injury:	09/26/2013
Decision Date:	08/29/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Pain 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:

The injured worker is a 37-year-old male with date of injury of 9/26/13 due to twisting his back while moving boxes at work. He complains of low back pain with radiation of pain, numbness, tingling and burning sensation in the left leg, as well as left shoulder pain, rated 5/10. On exam, he has tenderness in the lumbar spine at midline and Para spinals and bilateral sacroiliac injections joint treatment. Lumbar range of motion 40, extension 10, lateral bending 20, Strength is 5-/5 in the left psoas, hamstrings, Tibialis anterior, extensor hallucis longus and right plantar flexor muscles. Sensation is intact. Straight-leg raise is positive on the left at 70 degrees. He has previously received chiropractic treatment x 17 sessions which was helpful by 50%. The provider recommended chiropractic care/physiotherapy, injections, Lidopro cream, and MRI. The UR has previously denied Lidopro cream and chiropractic treatment / physiotherapy due to lack of medical necessity per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream: Upheld

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

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

Decision rationale: Lidopro contains Lidocaine, Capsaicin, Methyl Salicylate, and Menthol. According to the CA MTUS guidelines, Topical Analgesics are largely experimental and there is little to no research to support the use of many of these agents. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or (SNRI) serotonin-norepinephrine reuptake inhibitors, anti-depressants, or (AEDs) anti-epileptic drugs such as Gabapentin or Lyrica). The guidelines state no other commercially approved Topical formulations of lidocaine are indicated for neuropathic pain. Furthermore, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no evidence of neuropathic pain in this patient. There is no documentation of intolerance to other treatments. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the request is considered not medically necessary and appropriate in accordance with the guidelines.

Chiro / physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS - Physical Medicine 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. The guidelines recommend 9-10 visits for myalgia and myositis, 8-10 visits for neuralgia, neuritis, and radiculitis, 9 visits over 8 weeks Intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no documentation of any significant improvement in the objective measurements such as pain level, range of motion, strength, or function with prior treatments. There is no mention of the patient utilizing an HEP. There is no evidence of presentation of an acute or new injury with significant findings on examination. The request for chiro / physiotherapy exceeds the guidelines recommendation therefore; this request is not medically necessary and appropriate.