

Case Number:	CM15-0000300		
Date Assigned:	01/07/2015	Date of Injury:	06/18/2008
Decision Date:	03/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 69 year old woman sustained an industrial, injury on 6/18/2008. The mechanism of injury is not detailed. Current diagnoses include piriformis syndrome, bursitis, and low back pain. Treatment has included oral medication and physical therapy. Physician notes dated 11/24/2014 show continued persistent pain to the right buttock that radiates to the thigh area. Pool therapy was denied, and the provider is now requesting more physical therapy and Lidoderm patches. On 12/11/2014, Utilization Review evaluated a prescription for physical therapy, two sessions per week for four weeks, that was submitted on 12/29/2014. The rationale for physical therapy was not included in the UR, however, a small section of the rationale for a separate denial states that the worker had undergone 36 authorized physical therapy sessions, however, the treatment response was not documented. No citations were listed for this decision, as this page was missing from the UR. The denial was then appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 4 weeks for the lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: The Official Disability Guidelines allow for 10 physical therapy visits over 8 weeks for low back pain. It is evident that the injured worker has had previous physical therapy but the submitted documentation does not include any recent physical therapy notes. She has had epidural and facet injections, sacroiliac and piriformis injections, and has had a variety of medications. The treating physician would like to avoid more injections. Consequently, physical therapy 2x a week for 4 weeks for the lumbar region is medically necessary.

Lidoderm patch 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Lidoderm patches are not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. [Lidoderm ranked #2 in amount billed for WC in 2011. (Coventry, 2012)]Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this instance, it is evident that the Lidoderm patches have been in use since at least 9-19-2014 (See qualified

medical examiner report from this day) to the low back region. However, no outcomes of a trial are available for review to indicate improvements in pain and function and a decrease in medication. If in fact the lidoderm had not yet been approved/utilized, then the quantity of patches requested exceeds that necessary for a 4 week trial which would be #60 and not #90. Therefore, Lidoderm patch 5% #90 is not medically necessary in view of the submitted medical record and with reference to the cited guidelines.