

Case Number:	CM15-0003438		
Date Assigned:	01/14/2015	Date of Injury:	08/29/1997
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 49 year old female, who sustained an industrial low back injury on 8/29/1997. She has reported low back pain and left lower extremity. The diagnoses have included lumbar post laminectomy syndrome, recurrent major depressive disorder, obesity, anxiety state and depressive disorder. Treatment to date has included medications, pain psychotherapy, exercise, physical therapy and use of cane. Currently, as per the treating physician's note dated 12/8/14, the IW complains of chronic low back pain and left lower extremity. She continues to report increased instability in the lumbar spine. The physical assessment reveals an anxious female with antalgic gait favoring the left side. The IW has been to 4 physical therapy sessions which have improved her gait correction and are working on strengthening, balancing and stretching for balance. The IW has been increasing her activity and therefore has increased pain and is using cane. She is trying to manage the pain with exercise and daily medications. The medications have been necessary for her to continue a Home Exercise Program (HEP) and remain independent in activities of daily living (ADL's). Physical therapy has helped with pain and stability in the past. She would like to avoid further lumbar surgery with conservative care. There are no documented physical therapy sessions. On 12/18/14 Utilization Review non-certified a request for additional physical therapy, six sessions for the back and Lidoderm 5% patches #360, noting that she has completed at least 12 sessions over the past year with the last period of 6 sessions being 2 months ago. This is more than recommended by the Official Disability Guidelines (ODG) guidelines. At this point the mainstay of her physical medicine treatment should be a Home Exercise Program (HEP). Regarding the

Lidoderm 5% patches #360, the physician noted that lidoderm is not indicated by the FDA for conditions other than post herpetic neuralgia. The MTUS and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, six sessions for the back: 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 9792.20, 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow 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 injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

Lidoderm 5% patches #360: 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 9792.20, 9792.26 Page(s): 56-57 and 112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1997. Per the guidelines, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and she does not have this diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.