

Case Number:	CM15-0009497		
Date Assigned:	01/27/2015	Date of Injury:	11/30/2010
Decision Date:	03/17/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 11/30/2010. The diagnoses have included chronic left elbow strain with medial and lateral epicondylitis and olecranon bursitis, chronic left wrist sprain and chronic left hip sprain. Treatment to date has included medication management and activity modification. Radiographic imaging of the left wrist dated 12/18/2014 revealed mild osteoarthritis in the radiocarpal, first carpometacarpal and first MCP joints. Radiographic imaging of the left hip and pelvis dated 12/18/2014 revealed minimal degenerative changes in the hip, primarily in the acetabulum. Degenerative disc disease is visualized in the lower spine. Currently, the IW complains of left elbow, left wrist and left hip pain. Objective findings included left wrist tenderness, left lateral epicondylar tenderness and slight medial epicondylar tenderness. There is left trochanteric tenderness and bilateral sacroiliac tenderness. There is paralumbar tenderness from L1-L5-S1 and lumbar spasm present. On 1/12/2015, Utilization Review modified a request for Lidoderm 5% patch #240, and physical therapy #12 for the left hip, noting that the lack of documented functional improvement and the number of visits exceed guideline recommendations. The MTUS and ODG were cited. On 1/16/2015, the injured worker submitted an application for IMR for review of Lidoderm 5% patch and physical therapy for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch QTY: 240: Overturned

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: 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, while there is no formal diagnosis of carpal tunnel syndrome, the treating physician reports positive Tinel's signs bilaterally which is consistent with that diagnosis. The record indicates that Cymbalta, gabapentin, amitriptyline were not. Functional improvement has occurred as the injured worker has recently returned to the workforce. Therefore, Lidoderm 5% patch QTY: 240 is medically necessary.

Physical therapy for the left hip QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2014, Hip and Pelvis

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

Decision rationale: The Official Disability Guidelines allow for 9 physical therapy visits over 8 weeks of sprains and strains of the hip. The diagnoses given in this case include chronic left hip strain and left trochanteric bursitis, Therefore, the quantity of physical therapy visits exceeds that allowed by the guidelines. Hence, physical therapy for the left hip QTY: 12 is not medically necessary.

