

Case Number:	CM15-0102151		
Date Assigned:	06/04/2015	Date of Injury:	05/15/2007
Decision Date:	07/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 05/15/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified, myofascial pain, and hypertension not otherwise specified. Treatment and diagnostic studies to date has included medication regimen, home exercise program, myofascial release at physical therapy facility, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 04/16/2015 the treating physician reports complaints of acute pain to the lower extremity, along with chronic pain to the right lower back, neck, and mid back. Examination reveals reduced lumbar range of motion, tenderness on palpation to the thoracolumbar paraspinal muscles, and hypertonicity of the lumbar paraspinal muscles with the right greater than the left. The injured worker's current medication regimen includes Lidopro cream, Omeprazole, Colace, and Norco. The injured worker's pain level is rated a 7, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the medication regimen. The documentation provided did indicate that the injured worker's medication regimen is assisting in pain control allowing the injured worker to work. The injured worker currently works full duty. The progress report also noted that the injured worker had 60% pain relief secondary to use of the medication Norco and that the Lidopro cream was helpful. The medical records also noted prior prescriptions for physical therapy along with documentation of prior myofascial release at

physical therapy facility that was noted to be helpful, but the documentation did contain the amount of previous physical therapy sessions and did not indicate if the injured worker had any functional improvement secondary to previous therapy. The treating physician requested Lidopro ointment 121gm noting current use of this medication and also requested 6 sessions of physical therapy to the lumbar spine that the treating physician indicated that this treatment was recommended on an Agreed Medical Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidocaine Page(s): 112.

Decision rationale: MTUS recommends topical Lidocaine (an ingredient in Lidopro) only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

Physical Therapy, 6 visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.