

<b>Case Number:</b>	CM15-0105453		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, Hawaii  
 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:

This 50 year old man sustained an industrial injury on 9/26/2006. The mechanism of injury is not detailed. Treatment has included oral and topical medications. Physician notes dated 4/27/2015 show complaints of continued neck pain with radiation to the bilateral shoulders rated 9/10, right knee pain rated 7/10, left ankle pain rated 6/10, and tenderness to the low back and cervical spine. Recommendations include chiropractic care, Norco, Lidoderm, Prilosec, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment; 1-2 (one to two) times per week for 4 (four) weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with continued neck pain with radiation to the bilateral shoulders rated 9/10, right knee pain rated 7/10, left ankle pain rated 6/10, and tenderness to the low back and cervical spine. The current request is for Chiropractic treatment; 1-2 times per week for 4 weeks. The treating physician states, in a report dated 04/27/15, "[The patient] would benefit from chiropractic care to the cervical and lumbar spine, 1 to 2 times a week for 4 weeks". (18B) The MTUS guidelines state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. In this case, the treating physician has stated, "the patient does have tenderness to the cervical spine paravertebral muscles, the trapezius muscles, and the lumbar spine paravertebral muscles with a complaint of pain and tenderness. There is spasm to the lumbar spine". The treating physician does not document if this is an initial chiropractic request or a continuation request. There is no documentation provided to indicate that the patient has had any recent chiropractic treatments. The current request is medically necessary.

**Lidoderm patches #60, on for 12 hours, off for 12 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57, 112.

**Decision rationale:** The patient presents with continued neck pain with radiation to the bilateral shoulders rated 9/10, right knee pain rated 7/10, left ankle pain rated 6/10, and tenderness to the low back and cervical spine. The current request is for Lidoderm patches #60, on for 12 hours, off for 12 hours. The treating physician states, in a report dated 04/27/15, "At this time, she was using Norco 10/325 and Lidoderm patches. She uses 1 Norco a day and 1 to 2 patches, 12 hours on, 12 hours off. The Norco and Lidoderm patch help relieve this patient's pain by about 50 to 75%. This patient does very well with the medication, but in the last couple of months, she has not had it. This has improved her pain before, but again now it is severe because of the lack of medication". (18B) The MTUS guidelines state, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." In this case, the treating physician, based on the records available for review, has failed to document any localized peripheral pain. Furthermore, there is no evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica

has been attempted and failed. There is insufficient documentation provided to recommend continued use of the Lidoderm patches. The current request is not medically necessary.