

Case Number:	CM15-0139045		
Date Assigned:	07/29/2015	Date of Injury:	12/07/2014
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 48 year old female, who sustained an industrial injury on 12-7-14. She reported left hip, groin area, left knee and lower back injury, following a fall. The injured worker was diagnosed as having lumbar disc disorder, low back pain and knee pain. Treatment to date has included oral medications including Celebrex 200mg, Dilaudid 2mg and Famotidine 10mg; topical Lidoderm 5% patch and Pennsaid 2% pump and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 12-30-14 revealed degenerative changes at L3-4 through L4-5, minimal degenerative facet arthropathy at L4-5 and L5-6, 3mm retrolisthesis of L5-6, hemangioma of L6 vertebral body and (MRI) magnetic resonance imaging of left knee performed on 12-31-14 revealed small joint effusion, tear of meniscus and arthrofibrosis; (MRI) magnetic resonance imaging of right knee revealed osteoarthritic changes with degenerative changes of posterior horn of medial meniscus. Currently on 6-17-15, the injured worker complains of lower backache and bilateral knee pain. She notes her pain is unchanged since previous visit and rates the pain as 7 out of 10 and with medications 1 out of 10. Work status is noted to be modified duty. Physical exam performed on 6-17-15 revealed restricted range of motion of lumbar spine with tenderness of paravertebral muscles and spasm on palpation, spinous process tenderness on L4 and 5 and internal rotation of femur resulted in deep buttocks pain, right knee tenderness to palpation over the medial joint line and left knee tenderness over the lateral joint line; decreased sensation is noted over left lateral thigh and bilateral medial calf. The treatment plan included requests for authorizations for prescriptions of Lidoderm 5% patch, Celebrex 200mg and Pennsaid 2% pump, authorization for anticoagulation and 10 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 2-Lidoderm 5% patch %(700 mg/patch) SKI: apply for 12 hours per day as needed #30: Upheld

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

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

Decision rationale: The patient presents on 06/17/15 with lower back pain and bilateral knee pain rated 7/10 with medications, 10/10 without medications. The patient's date of injury is 12/07/14. Patient is status post left meniscus repair surgery in 2013. The request is for MEDS X2 LIDODERM 5% PATCH (700MG/PATCH) SKI: APPLY FOR 12 HOURS PER DAY AS NEEDED #30. The RFA is dated 06/17/15. Physical examination dated 06/17/15 reveals tenderness to palpation and spasms in the lumbar paraspinal muscles, spinous process tenderness at L4-L5 levels, positive facet loading bilaterally, and positive straight leg raise test, FABER test, Fortin's sign, thigh-thrust test noted bilaterally. The provider also notes tenderness to palpation over the medial joint line of the right knee, positive McMurray's test in the right knee, and positive posterior drawer test in the right knee. Light touch sensation is noted to be decreased in the left lateral thigh, medial/lateral calf, and right medial calf. The patient is currently prescribed Celebrex, Lidoderm, Pennsaid, Advair, Combivent Respimat, Dilaudid, and Famotidine. Patient is currently working with modified duties. MTUS Guidelines, Lidoderm section, page 56-57 states: 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 Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain. In regard to the request for Lidocaine patches for this patient's chronic lower back and bilateral knee pain, the provider has not specified where these patches are to be applied. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain with a radicular component, not a localized neuropathic pain amenable to Lidocaine patches. There is evidence of bilateral knee pain, but this does not appear to be a localized neuropathic pain, and is therefore not amenable to topical Lidocaine, either. Owing to a lack of guideline support of Lidoderm patches for this patient's chief complaint(s), continuation cannot be substantiated. Therefore, the request IS NOT medically necessary.

Pennsaid 2% pump 20mg/gram/actuation (2%) SIG apply to affected area twice a day as needed #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents on 06/17/15 with lower back pain and bilateral knee pain rated 7/10 with medications, 10/10 without medications. The patient's date of injury is 12/07/14. Patient is status post left meniscus repair surgery in 2013. The request is for PENNSAID 2% PUMP 20MG/GRAM/ACTUATION (2%) SIG: APPLY TO AFFECTED AREA TWICE A DAY AS NEEDED. The RFA is dated 06/17/15. Physical examination dated 06/17/15 reveals tenderness to palpation and spasms in the lumbar paraspinal muscles, spinous process tenderness at L4-L5 levels, positive facet loading bilaterally, and positive straight leg raise test, FABER test, Fortin's sign, thigh-thrust test noted bilaterally. The provider also notes tenderness to palpation over the medial joint line of the right knee, positive McMurray's test in the right knee, and positive posterior drawer test in the right knee. Light touch sensation is noted to be decreased in the left lateral thigh, medial/lateral calf, and right medial calf. The patient is currently prescribed Celebrex, Lidoderm, Pennsaid, Advair, Combivent Respimat, Dilaudid, and Famotidine. Patient is currently working with modified duties. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In regard to the request for Pennsaid, the physician has not specified where this cream is to be applied. This patient presents with chronic lower back and knee complaints. Per progress note dated 06/17/15, this patient does report pain relief attributed to medications (without specifically mentioning Pennsaid), though it is not clear if the requested topical cream is being applied to the lumbar spine or the knees, with the provider stating only: "apply to affected area." MTUS supports medications of this class for peripheral joint complaints. The requested topical medication would be considered appropriate for this patient's knee pain, however without a statement as to where it is to be applied, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Message therapy 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The patient presents on 06/17/15 with lower back pain and bilateral knee pain rated 7/10 with medications, 10/10 without medications. The patient's date of injury is 12/07/14. Patient is status post left meniscus repair surgery in 2013. The request is for MASSAGE THERAPY 10 SESSIONS. The RFA is dated 06/17/15. Physical examination dated 06/17/15 reveals tenderness to palpation and spasms in the lumbar paraspinal muscles, spinous process tenderness at L4-L5 levels, positive facet loading bilaterally, and positive straight leg raise test, FABER test, Fortin's sign, thigh-thrust test noted bilaterally. The provider also notes tenderness to palpation over the medial joint line of the right knee, positive McMurray's test in the right knee, and positive posterior drawer test in the right knee. Light touch sensation is noted to be decreased in the left lateral thigh, medial/lateral calf, and right medial calf. The patient is currently prescribed Celebrex, Lidoderm, Pennsaid, Advair, Combivent Respimat, Dilaudid, and Famotidine. Patient is currently working with modified duties. MTUS Guidelines, under Massage therapy, page 60 states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to

4-6 visits in most cases. In regard to the request for 10 sessions of massage therapy, the provider has exceeded guideline recommendations. There is some evidence that this patient has received benefits from previous out-of-pocket massage therapies. MTUS specifies that massage therapy should be limited to 4-6 visits in most cases. Without a rationale as to why this patient requires treatment beyond the guideline recommendations or an inability to perform self-directed therapy, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.