

Case Number:	CM15-0148890		
Date Assigned:	08/13/2015	Date of Injury:	05/17/2014
Decision Date:	10/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, California

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 44 year old male, who sustained an industrial injury on 5-17-2014. He reported a low back injury after a physical altercation. Diagnoses include lumbar spondylolisthesis and degenerative disc disease. Treatments to date include activity modification, eighteen physical therapy sessions, and six chiropractic sessions and eight acupuncture treatments. Currently, he complained of ongoing intermittent low back pain increasing with yard work. Current medications included Ibuprofen and Flexeril "sometimes." It was noted he has never tried a Lidoderm Patch. On 6-30-15, the physical examination documented tenderness to lumbar spine with palpation with limited flexion noted. The provider documented the impression was acute or chronic back pain, lumbar degenerative disc disease and retrolisthesis. The provider documented increased low back pain with walking, with a height of 6 foot 3 inches and weighing 300 pounds. The plan of care included eight aquatic therapy sessions. This appeal requested authorization for twelve additional physical therapy sessions to treat the lumbar spine and a prescription of Lidoderm Patch #30 with two refills. The Utilization Review dated 7-9-15, denied the request indicating that the documentation submitted did not support the medical necessity per the California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT for the Lumbar Spine Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In this case, the claimant has completed 12 sessions of prior PT. The claimant is able to exercise at home and has a pool at home for aqua therapy. The guidelines do not recommend more than 12 sessions of therapy and additional should be performed at home. The additional 12 sessions of therapy is not medically necessary.

Lidoderm Patch Qty 30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant remained on oral analgesics as well. The request for use of Lidoderm patches with 2 refills as above is not medically necessary.