

Case Number:	CM15-0160334		
Date Assigned:	08/26/2015	Date of Injury:	08/11/1976
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, 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 76 year old female with an industrial injury dated 08-11-1976. The injured worker's diagnoses include failed back syndrome, lumbar laminectomy at L3-4 and L4-5 in 1988, 1991, 1999, status post colostomy and revision, rule out chronic lumbar radiculopathy, emotional factors, severe chronic pain syndrome, hypertension, depression, NIDDM (non-insulin-dependent diabetes mellitus) and deep vein thrombosis-pulmonary embolism. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06-08-2015, the injured worker reported low back pain, mid back pain and pain in the buttocks. The injured worker rated low back pain an 8 out of 10, mid back pain a 7 out of 10 and buttock pain an 8 out of 10. The injured worker was last seen on 11-17-2014. The injured worker reported a reaction to Butrans with significant fatigue and requested Lidoderm patches. The treating physician noted that the injured worker utilizes Lidoderm as an adjunctive topical agent for anti-neuropathic pain and it helps to decrease use of Vicodin. Objective findings revealed no apparent distress, cervical tightness, myofascial restrictions and bilateral positive straight leg raises. The treating physician reported that the injured worker has a flare-up and suffers from chronic pain syndrome, chronic discogenic pain syndrome and secondary myofascial syndrome. The treatment plan consisted of medication management and follow up re-evaluation. The treating physician prescribed services for Lidoderm 5% patch #90, with 5 refills and Gym-Pool Membership 3 times per week x 12 months, now under review. The patient had received an unspecified number of PT visits for this injury. The medication list include Lidoderm, Vicodin, Gabapentin, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #90, with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-112, Topical Analgesics, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Lidoderm 5% patch #90, with 5 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm 5% patch #90, with 5 refills is not fully established. Therefore the request is not medically necessary.

Gym/Pool Membership 3x/ week x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15), Gym memberships.

Decision rationale: Gym/Pool Membership 3x/ week x 12 months. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were

not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for Gym/Pool Membership 3x/ week x 12 months was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. Any evidence of extreme obesity was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym/Pool Membership 3x/ week x 12 months is not fully established in this patient.