

Case Number:	CM15-0163986		
Date Assigned:	09/01/2015	Date of Injury:	01/24/2011
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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 58-year-old female, with a reported date of injury of 01-24-2011. The mechanism of injury was the result of a fall backward in a chair. She extended her left upper extremity to break her fall. The injured worker's symptoms at the time of the injury included left upper extremity pain. The diagnoses include low back pain, left shoulder pain, neck pain, status post left C2-4 radiofrequency ablation, cervical strain and sprain, left shoulder strain and sprain, lumbosacral strain and sprain, left wrist strain and sprain, lumbar spinal stenosis, and status post right L3-4 and L4-5 laminectomy. The treatments to date have included topical pain medication, oral medications, acupuncture for the lumbar spine, physical therapy for the lumbar spine, and cervical spine radiofrequency ablation on 09-21-2012. The diagnostic and evaluation exams included a urine drug screen on 03-27-2014; an MRI of the lumbar spine on 07-28-2014 which showed multilevel degenerative changes of the spine and a cystic structure associated with the right facet joint at L4-5, likely a synovial cyst; and an x-ray of the lumbar spine on 10-21-2014. The progress report dated 08-05-2015 indicates that the injured worker presented for further evaluation of low back, left shoulder, and neck pain. It was noted that the injured worker has been back to work and was having a difficult time. The injured worker had benefitted from the Lidoderm patches in the past, but had not received them for quite some time. The injured worker stated that it would have helped with the pain that radiated down the shoulder. She currently used Lidoderm patches 5%, 12 hours on and 12 hours off as needed. The objective findings include difficulty with prolonged sitting, and tenderness over the lumbar paraspinal and cervical paraspinal musculature. It was noted that the injured worker had an MRI of the left

shoulder on 04-16-2012 which showed some labral degeneration without tear; an MRI of the cervical spine on 05-03-2012 which showed scattered small annular fissures, 3mm dorsal protrusion at C3-4, and a small dorsal protrusion at C6-7; and electrodiagnostic studies of the right lower extremity in 09-2013 with normal findings. The treatment plan included Lidoderm patches #30, 12 hours on and 12 hours off, and six physical therapy sessions for the neck and left shoulder. The injured worker was to work two days a week, eight hours a day at a sit-stand workstation in the office, and work three days from home. The treating physician requested Lidoderm patch #90 and six physical therapy sessions for the neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch Qty 90: 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), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Lidoderm (Lidocaine patch).

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with low back pain, left shoulder pain, and neck pain. The treater has asked for LIDODERM PATCH QTY 90 on 8/10/15. The patient's diagnoses per request for authorization dated 8/12/15 are displacement of lumbar intervertebral disc without myelopathy, and other syndromes affecting cervical region. The patient is s/p 3 sessions of acupuncture which has not been helping back pain per 8/5/15 report. The patient's physical therapy has been helping with lower back pain and spasms but not working on the neck/shoulder region per 8/5/15 report. The patient is currently taking Motrin and Cymbalta per 6/25/15 report. The patient has discontinued Norco, as she doesn't like to work/drive with it per 8/5/15 report. The patient has had benefit with Lidoderm patches in the past but has not used them for quite some time per 8/5/15 report. The patient's work status is working 2 days a week, for 8 hours with a sit-stand station at office and working 3 days for telework at home per 6/25/15 report. MTUS Guidelines, Lidoderm (Lidocaine patch) section, pages 56 and 57: 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, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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. MTUS, Topical Analgesics section, pg. 112: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for

orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Treater has not provided reason for the request. The patient has been using Lidoderm patches since 3/2/15 report and in reports dated 3/31/15 and 6/25/15. In this case, the patient does not present with peripheral, localized neuropathic pain. The patient has axial spinal pain for which Lidocaine is not supported. The request IS NOT medically necessary.

Six physical therapy sessions for the neck and left shoulder: 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): Physical Medicine.

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with low back pain, left shoulder pain, and neck pain. The treater has asked for SIX PHYSICAL THERAPY SESSIONS FOR THE NECK AND LEFT SHOULDER on 8/5/15. The patient's diagnoses per request for authorization dated 8/12/15 are displacement of lumbar intervertebral disc without myelopathy, and other syndromes affecting cervical region. The patient is s/p 3 sessions of acupuncture which has not been helping back pain per 8/5/15 report. The patient's physical therapy has been helping with lower back pain and spasms but not working on the neck/shoulder region per 8/5/15 report. The patient is currently taking Motrin and Cymbalta per 6/25/15 report. The patient has discontinued Norco as she doesn't like to work/drive with it per 8/5/15 report. The patient has had benefit with Lidoderm patches in the past but has not used them for quite some time per 8/5/15 report. The patient's work status is working 2 days a week, for 8 hours with a sit-stand station at office and working 3 days for telework at home per 6/25/15 report. MTUS, Physical Medicine section, pg. 98, 99: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient is s/p right L3-4 and L4-5 laminectomy for spinal stenosis from 10/21/14 per 3/2/15 report. She had unspecified sessions of physical therapy after lumbar surgery per 3/31/15 report. Treater requested "6 additional sessions of physical therapy" for the lumbar on 3/2/15 report which were approved. Of those 6 approved sessions, she had 2 sessions of physical therapy to the lumbar which were effective, and increased her mobility, ability to walk, and right leg strength per 3/31/15 report. Utilization review letter dated 8/19/15 denies request stating that there is no documentation of the number of sessions. In this case, the patient has been approved for 6 sessions of physical therapy to the lumbar. The treater is requesting 6 additional sessions for the right shoulder/neck but MTUS only allows for 8-10 sessions in non-operative cases. In addition to the prior 6 authorized sessions, the treater's current request for 6 additional sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.

