

Case Number:	CM15-0186608		
Date Assigned:	09/28/2015	Date of Injury:	05/11/2007
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, with a reported date of injury of 05-11-2007. The diagnoses include degeneration of lumbar intervertebral disc, pain in right leg, and lumbar radiculopathy. Treatments and evaluation to date have included Ibuprofen, Norco, Robaxin, Medrol, Gabapentin, physical therapy, right L4-5 transforaminal epidural steroid injection on 08-17-2015, and Lidoderm patch (since at least 08-2015). The diagnostic studies to date have included an MRI of the lumbar spine on 05-27-2015, which showed a large right foraminal disc extrusion with inferior migration at L4-5 and mild degenerative changes at other levels. The medical report dated 08-24-2015 indicates that the injured worker had low back pain and severe numbness, tingling, and burning in the right lower extremity. There was no documentation of the injured worker's pain rating. On 06-16-2015 and 07-20-2015, the injured worker rated his pain 7-9 out of 10. The injured worker had a lumbar epidural steroid injection on 08-17-2015 with some improvement. It was noted that the injured worker completed physical therapy last week, and more sessions have been recommended. The injured worker stated that the day of the visit was the first day of notable improvement in symptoms since the injection. The physical examination showed no acute distress; an antalgic gait favoring the right; and forward flexed body posture. The treatment plan includes the start of physical therapy after the epidural steroid injection as recommended, and a trial of Lidoderm patches for nerve pain. The treating physician stated that there was a consultation with the physical therapist and they agreed that the injured worker had made some progress but had not established an adequate home exercise program and required six additional sessions. The injured worker's work status was not

indicated. The medical records included eight physical therapy reports from 06-01-2015 through 08-21-2015. The physical therapy report dated 08-21-2015 indicates that the injured worker wanted to return to work, but knew that he wasn't physically able to due to constant pain in his low back and down his right lateral leg. The request for authorization was dated 08-26-2015. The treating physician requested Lidoderm 5% (700mg per patch) adhesive patch #30, apply one patch by transdermal route once daily (may wear up to 12 hours) and six physical therapy sessions. On 09-02-2015, Utilization Review (UR) non-certified the request for Lidoderm 5% (700mg per patch) #30 and modified the request for six physical therapy sessions to two physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) #30: 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 rationale: The claimant has a remote history of a work injury occurring in May 2007 due to repetitive bending and continues to be treated for chronic back pain with right lower extremity radicular symptoms. When seen, there had been improvement after an epidural injection. Physical examination findings included an antalgic gait and forward flexed posture. He had recently completed 8 physical therapy treatments and had made some progress. Additional therapy was requested for a home exercise program. Gabapentin, Lidoderm, and Norco were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.

6 physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2007 due to repetitive bending and continues to be treated for chronic back pain with right lower extremity radicular symptoms. When seen, there had been improvement after an epidural injection. Physical examination findings included an antalgic gait and forward flexed posture. He

had recently completed 8 physical therapy treatments and had made some progress. Additional therapy was requested for a home exercise program. Gabapentin, Lidoderm, and Norco were prescribed. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy with some improvement. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program which is the therapeutic content being requested. The request is not medically necessary.