

<b>Case Number:</b>	CM15-0191611		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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, who sustained an industrial injury on 10-22-2013. The injured worker is undergoing treatment for cervicalgia, brachial neuritis or radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis and myalgia and myositis. Medical records dated 9-18-2015 indicate the injured worker complains of low back pain rated 8 out of 10 with numbness tingling and weakness of legs. She reports in the last month the average pain is 7 out of 10 and the lowest is 6 out of 10. She reports naproxen lasts 6-8 hours and decreases pain from 7 out of 10 to 6 out of 10. The treating physician on exam dated 9-18-2015 indicates "she will then use topical medications to drop pain to 5 out of 10 for sleep." Physical exam dated 9-18-2015 notes antalgic gait, decreased cervical range of motion (ROM), tenderness to palpation, tight muscle bands painful Spurling's maneuver, thoracic tenderness to palpation and spasm, lumbar decreased range of motion (ROM), tenderness to palpation positive straight leg raise and sacroiliac tenderness to palpation. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS), heat, exercise, rest, Tylenol, Motrin, naproxen, amlodipine besylate, cyclobenzaprine, naproxen sodium and Terocin patch. The original utilization review dated 9-28-2015 indicates the request for omeprazole DR (delayed release) 20 mg #60 and acupuncture, cervical spine #4 (extension of authorization date approved on 07/23/15) is certified and Lidoderm 5% patch #30, physical therapy lumbar spine 6 sessions and orthopedic consultation for cervical and lumbar spine is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch Qty 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).

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 9/18/15 does not demonstrate localized peripheral pain, the location where the patch is applied, nor does it demonstrate a failure of first line medications such as gabapentin or Lyrica. Therefore the request is not medically necessary.

**Physical therapy, lumbar spine, 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. 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. In this case, the medical documentation from 8/13/15 reports the injured worker has undergone physical therapy in the past but does not describe the amount of functional improvement obtained from therapy nor whether she is currently performing a home exercise program. Therefore, according to the guidelines, the request is not medically necessary.

**Orthopedic consultation for cervical and lumbar spine, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Surgical Considerations, and Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS ACOEM guidelines, neck and upper back chapter, page 180, states referral for surgical consultation is indicated for patients who have: 1. Persistent, severe, and disabling shoulder or arm symptoms 2. Activity limitation for more than one month or with extreme progression of symptoms 3. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term 4. Unresolved radicular symptoms after receiving conservative treatment. CA MTUS ACOEM Guidelines, low back complaints, page 306, states that patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case, the clinical notes from 8/13/15 and 9/18/15 do not document disabling radicular symptoms. The report states she was having "no difficulties with activities of daily living." There are no physical exam findings which are consistent with nerve root compression. In addition, there is no imaging or electrodiagnostic evidence included in the submitted documents demonstrating a lesion which would benefit from surgical intervention. Therefore, according to the guidelines, the request is not medically necessary.