MAXIMUS Federal Services

Case Number:	CM15-0193393		
Date Assigned:	10/07/2015	Date of Injury:	05/08/2009
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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 27 year old male, who sustained an industrial injury on May 8, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic pain syndrome, neck pain, lumbar radiculopathy-S1 radiculitis, lumbar degenerative disc disease, myalgia and lumbago. Treatment to date has included transcutaneous electrical nerve stimulation unit, physical therapy, home exercises, massage therapy and medications. His massage therapy was noted to help him more than 50%. With massage therapy, he felt as if his pain improved tremendously. On September 8, 2015, the injured worker complained of burning pain in his low back. The pain was rated as a 5 on a 1-10 pain scale without medications and a 3 on the pain scale with medications. Physical examination revealed tenderness to palpation of the sacroiliac joints bilaterally. Diffuse lumbosacral paraspinals tenderness to palpation with muscle tightness was noted. Straight leg test was positive. The treatment plan included continuation of home exercise, transcutaneous electrical nerve stimulation unit, heat, ice, massage therapy and medication. On September 22, 2015, utilization review denied a request for six massage sessions for the low back and Lidoderm 5% patches #60 with three refills (prescribed 09-08-2015). A request for Anaprox 550mg #60, Norco 10-325mg #90 and Lyrica 50mg #90 with one refill was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage x6 sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: According to the guidelines, massage therapy treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the claimant completed an unknown amount of massage therapy. Although, there claimant benefitted from the therapy, the guidelines limit it to 6 sessions. As a result, the request for another 6 sessions of physical therapy is not medically necessary.

Lidoderm 5% patches, #60, refills: 3 (prescribed 09/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation ACOEM, Chapter 4 Work-Relatedness, page 65.

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). The FDA for neuropathic pain has designated Lidoderm for orphan status. 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 is not recommended. The claimant was on topical Lidoderm for several months in combination with NSIDS and Noco without reduction of oral medications. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.