

Case Number:	CM15-0194622		
Date Assigned:	10/08/2015	Date of Injury:	10/30/2014
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency Medicine

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 31 year old female, who sustained an industrial injury on 10-30-14. The injured worker was diagnosed as having reflex sympathetic dystrophy of the right lower limb and gastroesophageal reflux disease. Medical records (3-9-15 through 7-8-15) indicated 3 out of 10 pain in the right foot and stomach irritation from Motrin. The physical exam (7-8-15 through 8-5-15) revealed allodynia of the right foot with non-pitting edema and decreased sensation to light touch. As of the PR2 dated 8-31-15, the injured worker reports right foot pain. She rates her pain 6 out of 10 and is working modified duty. Objective findings include normal gait, diminished light touch sensation at the deep peroneal nerve on the right foot and diminished temperature. The treating physician recommended starting Lidoderm patches. Treatment to date has included physical therapy x 12 sessions, chiropractic treatments x 6 sessions, acupuncture (number of sessions not provided), Motrin and Voltaren gel. The treating physician requested Lidoderm 5% patches #30 x 2 refills and physical therapy x 8 sessions. The Utilization Review dated 9-8-15, non-certified the request for Lidoderm 5% patches #30 x 2 refills and physical therapy x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #30 with 2 refills (quantity 90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as spinal pain. Patient does not have a diagnosis that will benefit from lidocaine. The number of refills are not appropriate and does not meet MTUS guidelines concerning close monitoring. Lidoderm is not medically necessary.

Physical therapy 8 sessions, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions was completed and had reported subjective improvement and then worsening symptoms. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed (at least 7 is noted) or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend a maximum of 10 sessions for patient's diagnosis which will be exceeded by this request. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.