

Case Number:	CM15-0195366		
Date Assigned:	10/09/2015	Date of Injury:	03/06/2013
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
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: 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 was a 53 year old female, who sustained an industrial injury, March 6, 2013. The injured worker was undergoing treatment for right total hip replacement on July 1, 2015; right hip degenerative joint disease and right knee internal derangement with meniscal cartilage abnormalities. According to progress note of September 17, 2015, the injured worker's chief complaint was residual right hip and groin pain and stiffness. The injured worker underwent total right hip replacement on July 1, 2015. The physical exam noted the injured worker walked with an antalgic gait and a cane. There was residual weakness in the right hip with movement of 4 out of 5. There was limited range of motion as expected. There were spasms noted of the lumbar spine with no midline tenderness. There was tenderness of the S1 joints, right greater than the left. There was right knee tri-compartment tenderness with crepitus. The injured worker previously received the following treatments postoperative physical therapy for the right hip, Norco and NSAIDS. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested 12 sessions of aqua therapy for the right hip and Lidoderm patches %5 to allow the decreased in Narcotic use. The UR (utilization review board) denied certification on October 5, 2015; for aqua therapy for the right hip and Lidoderm patches %5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: 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: 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. 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 are not recommended. The claimant was also on oral NSAIDs and opioids. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Aqua therapy 12 sessions to right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant was also requested to get physical therapy. Although aqua therapy may be beneficial, the amount requested exceeds the amount suggested by the guidelines. The request for 12 sessions of aqua therapy is not medically necessary.