

Case Number:	CM15-0203283		
Date Assigned:	10/20/2015	Date of Injury:	11/30/2011
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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 63 year old female, who sustained an industrial injury on 11-30-2011. She has reported injury to the low back. The diagnoses have included cervical disc displacement without myelopathy; lumbar disc displacement without myelopathy; carpal tunnel syndrome. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, and home exercise program. Medications have included Lidoderm patch, Buprenorphine, Mobic, and Gabapentin. A progress report from the treating provider, dated 09-17-2015, documented an evaluation with the injured worker. The injured worker reported chronic pain of multiple body parts; she reports an extreme flare up of her pain for the last month; she has an excruciating burning sensation radiating from her left shoulder down her left upper extremity; she has had previous relief with Lidoderm patches; she reports difficulty applying creams, which contributes to her overall fibromyalgia pain symptoms; she feels that physical therapy was more beneficial to her than acupuncture; she does continue with home exercise and stretches and is able to perform this as well; she has an increase in her overall pain especially in her left leg and in her hands, including swelling, which she attributes to the weather; and she does not wish to have any invasive procedures and would like to stay conservative in her treatment. Objective findings included she is alert and oriented times three; she is fatigued, lethargic, in pain, and tearful; she has an antalgic gait; and spasm and guarding is noted in the lumbar spine. The treatment plan has included the request for physical therapy quantity: 6.00; and Lidoderm 5% patch quantity: 30.00. The original utilization review, dated 09-

28-2015, non-certified the request for physical therapy quantity: 6.00; and Lidoderm 5% patch quantity: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy qty 6.00: 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: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant has completed at least 12 sessions of physical therapy and there is no indication that additional therapy cannot be completed at home. The request for additional physical therapy is not medically necessary.

Lidoderm 5% patch qty 30.00: Upheld

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

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 does have diabetes but the pain and burning in the shoulders is not due to diabetic neuropathy. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.