

Case Number:	CM15-0205102		
Date Assigned:	10/22/2015	Date of Injury:	03/01/2012
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, 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 58 year old female, who sustained an industrial injury on March 01, 2012. The injured worker was diagnosed with disorders of the bursae and tendons in the shoulder region unspecified, cervicgia, chronic pain syndrome, and trigger finger. Treatment and diagnostic studies to date has included use of heat and physical therapy. In a progress note dated September 29, 2015 the treating physician reports complaints of continued pain to the head, neck, upper back, mid back, low back, right shoulder, right arm, right elbow, right wrist, and the right hand along with numbness to the mid back and the low back, weakness to the bilateral hands, bilateral arms, bilateral legs, and bilateral feet. Examination performed on September 29, 2015 revealed decreased range of motion to the cervical spine, decreased range of motion to the lumbar spine, tenderness to the bilateral lumbar paraspinal muscles, tenderness to the lumbar spine, positive lumbar facet loading bilaterally, and decreased motor strength to the right shoulder. The progress note from September 29, 2015 noted that the injured worker has "no active medications recorded". The injured worker's current pain level on September 29, 2015 was rated a 6, but was rated a 3 at its best and an 8 at its worst on a scale of 0 to 10. The progress note also indicated that the injured worker has "functional limitations" and "avoids" going to work, socializing with friends, physically exercising, and performing household chores due to pain. The medical records provided noted at least six prior sessions of physical therapy with the physical therapy progress notes from April 17, 2015 and April 14, 2015 indicating an increase in range of motion to the shoulder, but with continued pain. On September 29, 2015 the treating physician requested 10 sessions of physical therapy to focus on range of motion, soft tissue

modalities, and core strengthening. On September 29, 2015 the treating physician also requested Avalin Patch 4% topical with a quantity of 15, but did not indicate the specific reason for the requested medication. The patient's surgical history includes right shoulder surgery in 3/14/15 and middle finger surgery in 2014. The medication list includes Valium, Celebrex, Naproxen, Flexeril and vicodin. The patient has had MRI of the lumbar spine on 7/29/15 that revealed disc protrusions, foraminal narrowing. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Physical therapy sessions: 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: The guidelines cited below state, "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 patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for 10 Physical therapy sessions is not medically necessary or fully established for this patient.

15 Avalin patch 4% topical: 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), Topical Analgesics.

Decision rationale: Avalin external analgesic patch- lidocaine and menthol patch. Avalin external analgesic patch- contains lidocaine and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is

also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia". Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical Lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Intolerance or lack of response of oral medications is not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS Chronic pain treatment guidelines. Topical menthol and Lidocaine is not recommended in this patient for this diagnosis. The request for Avalin patch 4% topical is not medically necessary or fully established in this patient.