

Case Number:	CM15-0027005		
Date Assigned:	02/19/2015	Date of Injury:	08/04/2009
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal 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:

This 53-year-old female reported a work-related injury on 08/04/2009. According to the progress notes dated 9/17/14, the injured worker reports neck pain radiating to the bilateral arms with intermittent numbness and tingling of the hands and low back pain radiating to the legs with intermittent numbness. The diagnoses include cervical radiculitis and cervical and lumbar degenerative disc disease. Previous treatments include medications. The treating provider requests 12 sessions of physical therapy for the cervical, thoracic and lumbar spine and Lidoderm patch 5%, #30. The Utilization Review on 01/22/2015 modified the request for 12 sessions of physical therapy for the cervical, thoracic and lumbar spine to allow 10 sessions; the request for Lidoderm patch 5%, #30 was non-certified, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical, lumbar, thoracic) Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine, Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment, ODG Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The primary treating physician's progress report dated 1/14/15 documented cervical and lumbosacral conditions. Objective findings were normal affect, no acute distress. Musculoskeletal examination was "unchanged." No musculoskeletal physical examination findings were documented. Twelve sessions of PT physical therapy were requested. No musculoskeletal physical examination findings supported the PT request were documented in the 1/14/15 progress report. MTUS guidelines recommend 10 visits of PT physical therapy. The request for 12 physical therapy PT visits exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for PT physical therapy quantity 12 is not medically necessary.

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57, Topical Analgesics, Pages 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. The primary treating physician's progress report dated 1/14/15 documented cervical and lumbosacral conditions. Objective findings were normal affect, no acute distress. Musculoskeletal examination was "unchanged." No musculoskeletal physical examination findings were documented. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm. Therefore, the request for Lidoderm is not medically necessary.