

<b>Case Number:</b>	CM15-0029749		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on 10/30/13. He has reported pain in the lower back. The diagnoses have included chronic lumbar strain and lumbago. Treatment to date has included physical therapy, right shoulder MRI, chiropractic treatments and oral medications. As of the PR2 dated 2/4/15 the injured worker reports awakening at night from shoulder pain but, that physical therapy has improved his strength and mobility. The treating physician requested physical therapy x 8 sessions and Lidoderm 5% patch #30. On 2/6/15 Utilization Review non-certified a request for physical therapy x 8 sessions and Lidoderm 5% patch #30. The utilization review physician cited the MTUS guidelines for chronic pain and ODG guidelines. On 2/10/15, the injured worker submitted an application for IMR for review of physical therapy x 8 sessions and Lidoderm 5% patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Low Back QTY: 8.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 12/19/14 progress report provided by treating physician, the patient presents with right shoulder and low back pain. The request is for PHYSICAL THERAPY, LOW BACK QTY: 8:00. Patient's diagnosis per Request for Authorization form dated 01/30/15 includes chronic lumbar pain. Per physical therapy report dated 02/04/15, the patient is status post SLAP repair with tenodesis, date unspecified. The patient takes Norco for pain and has had 16 physical therapy visits. Patient's work status is not available. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request, nor a complete treatment history addressing benefits. There are no physical examination findings addressing the low back in medical records, either. It appears the patient had some 16 physical therapy visits addressing the shoulder postoperatively, and the low back. Given patient's diagnosis, a short course of physical therapy would be indicated. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 8 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

**Retro DOS 1/30/15 Lidoderm 5% Patch QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine, Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

**Decision rationale:** Based on the 12/19/14 progress report provided by treating physician, the patient presents with right shoulder and low back pain. The request is for RETRO DOS: 01/30/15 LIDODERM 5% PATCH QTY: 30.00. Patient's diagnosis per Request for Authorization form dated 01/30/15 includes chronic lumbar pain. Per physical therapy report dated 02/04/15, the patient is status post SLAP repair with tenodesis, date unspecified. The patient takes Norco for pain and has had 16 physical therapy visits. Patient's work status is not available. MTUS guidelines page 57 states, "topical lidocaine may be 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Treater has not provided reason for the request. Treater does not discuss how Lidoderm patch is used, what area is treated and with what efficacy. The patient has low back and shoulder pain, which is not

supported by MTUS. There is no evidence of localized pain that is consistent with neuropathic etiology in medical records provided. The request is not in accordance with guidelines. Therefore, the request for Lidoderm patch IS NOT medically necessary.