

Case Number:	CM15-0214381		
Date Assigned:	11/04/2015	Date of Injury:	05/22/2013
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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, Indiana, New York
 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 5-22-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar discogenic pain and bilateral L5-S1 lumbar radicular symptoms. According to the progress report dated 10-8-2015, the injured worker presented with complaints of low back pain with radiation down both legs. She notes that pain can reach as high as 9 out of 10 on a pain scale, but she is generally able to bring it to a range of 4-5 out of 10 with medications. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles. Range of motion is within functional limits. Motor strength is 5 out of 5 throughout. Sensation is grossly intact. Deep tendon reflexes are 2 plus and symmetric. Slump test is mildly positive, bilaterally. The current medications are Ibuprofen (since at least 2013) and Lidocaine patches (since at least 6-2-2015). Previous diagnostic studies include electrodiagnostic testing and MRI of the lumbar spine. The treating physician describes the MRI as "mild disc bulge at L5-S1 with a HIZ suggestive of an annular tear." Treatments to date include medication management, 11 physical therapy sessions, home exercise program, facet joint medial branch block, and radiofrequency nerve ablation. Work status is described as temporarily totally disabled. The original utilization review (10-16-2015) had non-certified a request for Ibuprofen 800mg #90, Lidoderm 5% patch, and 6 aqua therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Ibuprofen (Motrin, Advil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ibuprofen 800 mg #90 for the lumbar spine is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar discogenic pain; and bilateral L5 - S1 lumbar radicular symptoms. Date of injury is May 27, 2013. Request for authorization is October 9, 2015. According to a June 2, 2015 progress note, the documentation indicates the subjective complaints of greater than the objective clinical data. The injured worker was recently detoxified off methadone. The treating provider prescribed ibuprofen and Lidoderm as an alternative. The injured worker has psychologic limitations. According to an October 1, 2015 progress note, the injured worker was authorized for 16 physical therapy visits. According to an October 8, 2015 progress note, subjectively the injured worker indicates pool therapy has been beneficial. Pain scores range from 9/10 to 4-5/10. Objectively, there is mild tenderness over the upper trapezius region, thoracic paraspinals and lumbar paraspinals. Range of motion lumbar spine is within normal limits. Motor function is 5/5 and sensation is intact. Ibuprofen was prescribed as far back as June 2, 2015. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. There is no documentation indicating an attempt to wean the ibuprofen. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation showing an attempt at weaning, ibuprofen 800 mg #90 for the lumbar spine is not medically necessary.

Lidoderm patch 5%, #30 for the lumbar spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 for the lumbar spine is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain

consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are lumbar discogenic pain; and bilateral L5 - S1 lumbar radicular symptoms. Date of injury is May 27, 2013. Request for authorization is October 9, 2015. According to a June 2, 2015 progress note, the documentation indicates the subjective complaints of greater than the objective clinical data. The injured worker was recently detoxified off methadone. The treating provider prescribed ibuprofen and Lidoderm as an alternative. The injured worker has psychologic limitations. According to an October 1, 2015 progress note, the injured worker was authorized for 16 physical therapy visits. According to an October 8, 2015 progress note, subjectively the injured worker indicates pool therapy has been beneficial. Pain scores range from 9/10 to 4-5/10. Lidoderm was prescribed as far back as June 2, 2015. According to the October 8, 2015 progress note, the injured worker has ongoing low back pain that radiates down the legs. Objectively, there is mild tenderness over the upper trapezius region, thoracic paraspinals and lumbar paraspinals. Range of motion lumbar spine is within normal limits. Motor function is 5/5 and sensation is intact. There are no neuropathic symptoms or signs in the medical record. There is no failed first-line treatment with antidepressants or anticonvulsants. There is no documentation demonstrating objective functional improvement to support ongoing Lidoderm. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no failed first line treatment, Lidoderm 5% #30 for the lumbar spine is not medically necessary.

Aqua therapy for the lumbar spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy for the lumbar spine, #6 sessions is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar discogenic pain; and bilateral L5 - S1 lumbar radicular symptoms. Date of injury is May 27, 2013. Request for authorization is October 9, 2015. According to a June 2, 2015 progress note, the documentation indicates the subjective complaints of greater than the objective clinical data. The injured worker was recently detoxified off methadone. The treating provider prescribed ibuprofen and Lidoderm as an alternative. The injured worker has psychologic limitations. According to an October 1, 2015 progress note, the injured worker was authorized for 16 physical therapy visits. According to an October 8, 2015 progress note, subjectively the injured worker indicates pool therapy has been beneficial. Pain scores range from 9/10 to 4-5/10. Lidoderm was prescribed as far back as June 2, 2015.

According to the October 8, 2015 progress note, the injured worker has ongoing low back pain that radiates down the legs. Objectively, there is mild tenderness over the whole upper trapezius region, thoracic paraspinals and lumbar paraspinals. Range of motion lumbar spine is within normal limits. Motor function is 5/5 and sensation is intact. There are no neuropathic symptoms or signs in the medical record. There is no documentation indicating failed land-based physical therapy. There is no clinical rationale with reduced weight bearing in the medical record. There are no heights or weights in the medical record. There is no clinical indication for aquatic therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed land-based physical therapy and no clinical rationale for reduced weight bearing and aquatic therapy, aquatic therapy for the lumbar spine, #6 sessions is not medically necessary.