

<b>Case Number:</b>	CM15-0220943		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 was a 55 year old female, who sustained an industrial injury on July 8, 2014. The injured worker was undergoing treatment for right knee injury, right knee derangement of the posterior horn of the medial meniscus, chondromalacia of patella, mood disorder due to known physiological condition with depressive features. According to progress note of October 19, 2015, the injured worker's chief complaint was right knee pain. The injured worker complained of uncontrolled pain at night shooting down the right knee to the bottom of the right foot. The objective findings were lumbar spine flexion of 80 degrees at the waist. The injured worker was able to walk on heel and tip toes. The injured worker was able to fully squat, but the knee cracked and caused a flare up of pain. There was tightness with the straight leg raises. The right knee had tenderness at the medial joint. The range of motion was 120 degrees. The McMurray's test was discomfort with clicking. The injured worker previously received the following treatments Lidoderm 5% patches since June 18, 2015; Trazodone, right rotator cuff surgery, knee brace, crutches, pain medications, right knee MRI, Norco and Atenolol. The RFA (request for authorization) dated October 19, 2015; the following treatments were requested Lidoderm 5% Patches #30 with 2 refills, Psychology sessions 6 sessions over 5 weeks for chronic pain and x-rays of the lumbar spine due to burning radicular pain down the legs. The UR (utilization review board) denied certification on October 21, 2015; for prescription for Lidoderm 5% Patches #30 with 2 refills, Psychology sessions for unknown sessions and x-rays of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-Ray of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (X-rays), 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-ray lumbar spine is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are derangement posterior horn medial meniscus; and chondromalacia patella. Date of injury is July 8, 2014. Request for authorization is October 5, 2015. According to a July 23, 2015 progress note, the treating provider prescribed Lidoderm patches. The directions were applied externally daily. According to an October 5, 2015 progress note, subjective complaints included increase pain in the right knee made worse with physical therapy. Objectively, flexion at the waist was limited to 80. Right knee was tender in the medial joint line. Range of motion was 0 120. The treating provider requested x-ray of the lumbar spine. The indication documented in the medical record for the lumbar spine was uncontrolled night pain shooting down to the right knee the bottom of the right foot. This is not a clinical indication for lumbar spine radiographs. There were no red flags present. There is no back trauma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for an x-ray of the lumbar spine, x-ray lumbar spine is not medically necessary.

### **Lidoderm 5% patches #30 with 2 refills: 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 with two refills 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 derangement posterior horn medial meniscus; and chondromalacia patella. Date of injury is July 8, 2014. Request for authorization is October 5, 2015. According to a July 23, 2015 progress note, the treating provider prescribed Lidoderm patches. The directions were applied externally daily. According to an October 5, 2015 progress note, subjective complaints included increase pain in the right knee made worse with physical therapy. Objectively, flexion at the waist was limited to 80. Right knee was tender in the medial joint line. Range of motion was 0 120. The area of application is not specified in the medical record. Lidoderm first appeared in a July 23, 2015 progress note. There is no documentation demonstrating objective functional improvement to support the ongoing use of the Lidoderm patch. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first line treatment with antidepressants and anticonvulsants, no documentation demonstrating objective functional improvement and no specific anatomical region for application, Lidoderm 5% #30 with two refills is not medically necessary.

**Unknown sessions of psychological therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy (CBT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, unknown sessions psychological therapy is not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are derangement posterior horn medial meniscus; and chondromalacia patella. An additional diagnosis of mood disorder with added in an October 20, 2015 progress note. Date of injury is July 8, 2014. Request for authorization is October 5, 2015. According to a July 23, 2015 progress note, the treating provider prescribed Lidoderm patches.

The directions were applied externally daily. According to an October 5, 2015 progress note, subjective complaints included increase pain in the right knee made worse with physical therapy. Objectively, flexion at the waist was limited to 80. Right knee was tender in the medial joint line. Range of motion was 0 120. According to the utilization review, the documentation indicates the injured worker was approved for psychological therapy (see the October 20, 2015 progress note- six authorized sessions), but no sessions have been performed to date. Since the previous request for psychotherapy was certified, no additional sessions need to be added at the present time. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and prior certification for six psychological sessions (no treatment rendered to date), unknown sessions psychological therapy is not medically necessary.