MAXIMUS Federal Services

Case Number:	CM15-0223984		
Date Assigned:	11/20/2015	Date of Injury:	07/19/2014
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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: Arizona, 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 38-year-old female who sustained an industrial injury on 07-19-2014. According to a progress report dated 09-02-2015, the injured worker reported continued pain. Medications included Amitriptyline and Lidoderm patches. Learned physical therapy exercises were proving only "slightly" effective in improving pain levels, function, and range of motion and overall sense of comfort. The provider noted "pain central lumbosacral with right greater lumbar legs front thighs to feet". Pain was rated 7 out of 10 and was constant. There was ongoing swelling in the hands and feet. Walking for 15 minutes per day was noted. She was doing exercises. Physical therapy learned exercises; stationary bike for few minutes was noted. Approximately 16 sessions of physical therapy were noted. The injured worker needed her children to help her dress (don shoes and socks). Diagnoses included lumbar sprain strain, lumbar degenerative disc disease, lumbar spondylosis and sacroiliitis. The treatment plan included continuation with medications prescribed by other provider, electrodiagnostic studies of the lower extremity and chiropractic care. The injured worker was seen on 09-17-2015 and reported constant burning lumbar spine pain rated 7 out of 10 with accompanying paresthesia's to the bilateral upper thighs in the L3 distribution. She was unable to tolerate nonsteroidal anti-inflammatory drugs due to multiple allergies. She was only able to use Lidoderm patches. She reported bilateral pedal edema as well as to the bilateral hands. Forward flexion and rotation of the lumbar spine aggravated pain. Lidoderm patches decreased pain from 7 to 2. She ambulated with a cane. There was minimal antalgia favoring the right lower extremity. Anterior rotation right side pelvis (ASIS R instability) was noted. Exaggerated lordosis contributing to pelvic

instability was noted. There was exquisite tenderness to palpation of the right L4-L5, sacroiliac joint. Range of motion demonstrated minimal movement. Decrease heel-toe of the right lower extremity was noted. There was decreased sensation in the right lower extremity. Seated straight leg raise was negative. Diagnoses included sacroiliac arthralgia; pelvic instability; lumbar strain. The injured worker was unable to demonstrate IEP (independent exercise program). She had very limited mobility in the spine. Recommendations included Lidoderm patches and 8 sessions of water therapy. According to a follow up evaluation and appeal for denial of pool therapy dated 10-01-2015, the injured worker reported that Lidoderm patches alleviated her pain from an 8 down to a 2 to 3. She reported that Lidoderm patches were no longer authorized and she noted marked increase in her pain. She also reported that she ran out of Amitriptyline and that it was no longer authorized. Her pain was increased to 8 to 9 out of 10 because she no longer had medication and she was now working. Chiropractic care had been denied. Aqua therapy had also been denied. The provider noted that range of motion was extremely limited in the lumbar spine. She had marked hypertonicity with extreme tenderness to palpation. The provider noted that pool therapy would facilitate lumbar and lower extremity mobility, ease spasm, and help to alleviate pain allowing her to return to full duty work. The treatment plan also included Terocin-Lidocaine patches for the lumbar spine and Nortriptyline for neuropathic symptoms. On 10-14-2015, Utilization Review non-certified the request for outpatient 8 sessions of pool therapy for lumbar spine, pharmacy purchase of Terocin Lidocaine 4% patches quantity 10 and modified the request for pharmacy purchase of Nortriptyline 25 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 8 sessions of pool therapy for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant performed and was able to perform physical therapy. The requests for 8 sessions of aqua therapy are not medically necessary.

Pharmacy purchase of Terocin/Lidocaine 4 % patches Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.Lidocaine is 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). In this case, the claimant had been on Amytryptilline along with Terocin. . In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does not have this diagnosis. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

Pharmacy purchase of Nortriptyline 25 mg Qty 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatinum neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant was on Elavil (Nortryptillline) for a year. There was not a significant reduction in pain with its use and the claimant required multiple other medications for pain relief. The continued and long-term use is not providing substantial benefit and is not medically necessary.