

Case Number:	CM15-0042478		
Date Assigned:	03/12/2015	Date of Injury:	03/18/1996
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 62 year old female, who sustained an industrial injury on March 18, 1996. The injured worker was diagnosed as having right plantar fasciitis, status post right knee arthroscopy, history of lumbar fusion with acute exacerbation, and fibromyalgia syndrome. Treatment to date has included durable medication equipment for assistance, medications, right knee arthroscopy, home exercise to include walking, and home assistance. Currently, the injured worker complains of worsening right foot pain, intermittent pain and swelling of her right knee and has been limping due to the pain and she has been experiencing an exacerbation of her back pain due to her antalgic gait. On examination, she has tenderness to palpation of the lower lumbar paravertebral musculature and tenderness over the plantar fascia. Her treatment plan included aquatic therapy for her low back pain, Lidoderm patches and Norflex. The evaluating physician notes that the injured worker is not able to utilize anti-inflammatory medications due to her stage 3 kidney failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of aquatic therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The patient presents with pain and weakness in her lower back, right knee and right foot. The patient is s/p right knee arthroscopy and the date of the surgery is prior to 07/16/13. The request is for 12 SESSIONS OF AQUA THERAPY FOR THE LUMBAR SPINE. The patient's work status is unknown. MTUS page 22 states that 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." In this case, the treater requested for aqua therapy because "the patient has been experiencing acute exacerbation of right plantar fasciitis which has caused an antalgic gait and subsequently an acute exacerbation of her back." The lumbar surgery and knee surgery are prior to 07/16/13. The review of the reports indicates that the patient had done home exercise. The treater does not discuss why aqua therapy is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. The request is not medically necessary.

Lidoderm patches to apply q12h #30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in her lower back, right knee and right foot. The request is for LIDODERM PATCHES TO APPLY Q12H #30 WITH 2 REFILLS. The patient's work status is unknown. 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." MTUS 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." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient started utilizing Lidoderm patches prior to 07/16/13. None of the reports discuss how Lidoderm patches have been used with what efficacy. There is no documentation of localized, peripheral neuropathic pain for which this product is indicated. Therefore, the request is not medically necessary.

Norflex 100mg one bid #60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her lower back, right knee and right foot. The request is for NORFLEX 100MG ONE BID #60 WITH 2 REFILLS. The patient's work status is unknown. Regarding muscle relaxants, the MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. In this case, this patient has been utilizing Norflex prior to 06/24/14. The reports do not indicate how this medication has been used with what effectiveness. MTUS only supports for short-term use of this medication for no more than 2-3 weeks to address flare-ups or new injuries. The request IS NOT medically necessary.