

<b>Case Number:</b>	CM15-0045585		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old male, who sustained an industrial injury on 06/22/2011. The injured worker is currently diagnosed as having disk herniation at L4-L5 with right L5 radiculopathy. Treatment to date has included chiropractic treatment and medications. In a progress note dated 01/22/2015, the injured worker presented with complaints of low back pain with radicular symptoms in his right lower extremity. The treating physician reported the injured worker has been able to come off of his medications and using over the counter Tylenol. The injured worker stated he would really like to get back on the Lidoderm patches, which provided him with significant relief in addition to additional chiropractic visits. The physician also prescribed amitriptyline to treat the injured worker's nerve pain in his leg and improve sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 6 sessions, for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 82.

**Decision rationale:** Chiropractic treatment, 6 sessions, for low back is not medically necessary. Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flare-ups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy 6 visits does not meet Ca MTUS guidelines. The claimant failed to obtain sustained benefit from the previous visits. Additional chiropractor therapy is therefore not medically necessary.

**Lidoderm patch 5%, 1 patch twice daily, #60, 2 refills, prescribed 02/04/2015:** 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 Analgesics Page(s): 111-112.

**Decision rationale:** Lidoderm patch 5%, 1 patch twice daily, #60, 2 refills, prescribed 02/04/2015 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)" Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.