

Case Number:	CM15-0081013		
Date Assigned:	05/01/2015	Date of Injury:	12/28/2001
Decision Date:	06/08/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 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 46-year-old female, who sustained an industrial injury on December 28, 2001. The injured worker was diagnosed as having a flare up of cervicgia with myofascial pain, lumbago, and cephalgia. Treatment to date has included left hand and thumb surgery, occupational therapy, cervical injections, MRIs, physical therapy, x-rays, trigger point injections, TENS, bracing, acupuncture, caudal epidural steroid injection (ESI), and medication. Currently, the injured worker complains of neck and back pain. The Treating Physician's report dated March 23, 2015, noted the injured worker reported her symptoms as status quo, with help from medications, including Celebrex, Fioricet, and Skelaxin. Physical examination was noted to show the neck tight in both upper trapezil with focal trigger points and positive twitch responses. The treatment plan was noted to include a referral for physical therapy and LidoPro cream dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: This claimant is being treated for chronic low back and neck pain. When she was seen on 3/23/15, she was diagnosed with a flare of cervicalgia and 8 Physical therapy (PT) sessions have been requested. According to the CA MTUS, "Active therapy is based on the philosophy that that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort." Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain treatment levels. In this case, physical therapy appears medically necessary as the claimant has not had PT in the past 3 years and is not performing a home exercise program. The records submitted lack a documentation of functional impairment and improvement of pain with previous therapy. Therefore, a course of 8 sessions of PT is reasonable and medically necessary and appropriate.

Unknown prescription of Lido pro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is for LidoPro cream for a claimant with chronic neck and back pain. LidoPro is a topical analgesic containing lidocaine, capsaicin, methyl salicylate and menthol. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (antidepressants or anticonvulsants). Topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is superior to placebo in treating chronic pain. Capsaicin is only recommended in patients intolerant or who do not respond to other forms of treatment. Menthol is not addressed. Lidocaine is only recommended as a dermal patch. No other formulations of lidocaine, whether creams, lotions or gels are indicated for neuropathic pain. Therefore, this request is deemed not medically necessary.

Lido pro patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is for LidoPro patches in a claimant with chronic neck and low back pain. Lidopro patches contain lidocaine, methyl salicylate, capsaicin and menthol. The

FDA for neuropathic pain has designated topical lidocaine, in the form of a dermal patch, for orphan status. There is little to no research to support the use of many topical agents. In addition, any compounded product that contains at least one drug that is not recommended is not recommended. Menthol is not recommended. Methyl salicylate is superior to placebo and capsaicin is recommended only in patients intolerant or who not respond to other forms of treatment. Lidocaine is only recommended in the form of monotherapy, i.e. Lidoderm patches. Therefore, this request is deemed not medically necessary.