

Case Number:	CM14-0133359		
Date Assigned:	08/22/2014	Date of Injury:	01/14/2009
Decision Date:	09/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year-old patient sustained an injury on 1/14/09 while employed by [REDACTED]. Request(s) under consideration include Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00. Diagnoses included chronic pain syndrome; adjustment disorder with depressed mood. Conservative care has included wrist bracing, medications, physical therapy, and modified activities/rest. Report of 5/30/14 from the provider noted the patient had aggravation of symptoms on 4/1/13, over a year ago when the patient was assaulted by an armed security officer and police. She presented with ongoing pain in the right wrist, elbow, back, and diffusely through the extremities rated at 4-8/10 described as sharp, shooting, aching, and nagging. Medications list Terocin lotion, Lidoderm 5% patch, Lyrica. Exam showed mild to moderate swelling on right distal forearm and wrist with surgical scar in distal right forearm; skin intact and free of lesions on neck, upper and lower extremities; patient was wearing right wrist brace; (No other musculoskeletal or neurological exam documented). The patient was noted to be medically disabled. Report of 6/17/14 from the provider noted unchanged identical chief complaints. Exam noted right shoulder range pain limited (no degrees or planes specified); sensation intact at bilateral dermatomes C5-8 and L3-S1 with hypesthesia of digits; DTRs 2+ bilaterally; 5/5 motor strength in bilateral lower extremities with various 3+/5 elbow strength. The patient remained medically disabled. The request(s) for Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00 were non-certified on 8/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, per form 08/04/14 form QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page(s): 111 -112.

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

Decision rationale: This 48 year-old patient sustained an injury on 1/14/09 while employed by [REDACTED]. Request(s) under consideration include Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00. Diagnoses included chronic pain syndrome; adjustment disorder with depressed mood. Conservative care has included wrist bracing, medications, physical therapy, and modified activities/rest. Report of 5/30/14 from the provider noted the patient had aggravation of symptoms on 4/1/13, over a year ago when the patient was assaulted by an armed security officer and police. She presented with ongoing pain in the right wrist, elbow, back, and diffusely through the extremities rated at 4-8/10 described as sharp, shooting, aching, and nagging. Medications list Terocin lotion, Lidoderm 5% patch, Lyrica. Exam showed mild to moderate swelling on right distal forearm and wrist with surgical scar in distal right forearm; skin intact and free of lesions on neck, upper and lower extremities; patient was wearing right wrist brace; (No other musculoskeletal or neurological exam documented). The patient was noted to be medically disabled. Report of 6/17/14 from the provider noted unchanged identical chief complaints. Exam noted right shoulder range pain limited (no degrees or planes specified); sensation intact at bilateral dermatomes C5-8 and L3-S1 with hypesthesia of digits; DTRs 2+ bilaterally; 5/5 motor strength in bilateral lower extremities with various 3+/5 elbow strength. The patient remained medically disabled. The request(s) for Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00 were non-certified on 8/19/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 are not medically necessary and appropriate.

Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine Guidelines Page(s): 99.

Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 08/08/14) Physical/Occupational therapy; ODG Physical/ Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 48 year-old patient sustained an injury on 1/14/09 while employed by [REDACTED]. Request(s) under consideration include Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00. Diagnoses included chronic pain syndrome; adjustment disorder with depressed mood. Conservative care has included wrist bracing, medications, physical therapy, and modified activities/rest. Report of 5/30/14 from the provider noted the patient had aggravation of symptoms on 4/1/13, over a year ago when the patient was assaulted by an armed security officer and police. She presented with ongoing pain in the right wrist, elbow, back, and diffusely through the extremities rated at 4-8/10 described as sharp, shooting, aching, and nagging. Medications list Terocin lotion, Lidoderm 5% patch, Lyrica. Exam showed mild to moderate swelling on right distal forearm and wrist with surgical scar in distal right forearm; skin intact and free of lesions on neck, upper and lower extremities; patient was wearing right wrist brace; (No other musculoskeletal or neurological exam documented). The patient was noted to be medically disabled. Report of 6/17/14 from the provider noted unchanged identical chief complaints. Exam noted right shoulder range pain limited (no degrees or planes specified); sensation intact at bilateral dermatomes C5-8 and L3-S1 with hypesthesia of digits; DTRs 2+ bilaterally; 5/5 motor strength in bilateral lower extremities with various 3+/5 elbow strength. The patient remained medically disabled. The request(s) for Lidoderm 5% patch, per 08/04/14 for QTY: 90.00 and Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00 were non-certified on 8/19/14. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear how many PT sessions the patient has received or what functional outcome was benefited if any. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without change in neurological compromise, acute flare-up, new injuries, or red-flag findings to support further treatment. The Physical therapy 2 times weekly for 6 weeks, right wrist per 08/04/14 QTY: 12.00 are not medically necessary and appropriate.