

<b>Case Number:</b>	CM14-0166853		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The claimant has a history of a work injury occurring on 03/27/14 when she developed low back pain while lifting. On 04/14/14 medications were providing only partial pain relief. Pain was rated at 10/10. She was having difficulty at light duty. Physical examination findings included lumbar paraspinal muscle tenderness with positive straight leg raising. Authorization for physical therapy was requested. An MRI of the lumbar spine on 05/07/14 showed findings of mild L5-S1 degenerative disc disease with a left lateralized disc protrusion. On 05/14/14 she had completed physical therapy treatments. There was a pending orthopedic evaluation. Physical examination findings included appearing in mild distress. She had lumbar muscle spasms. She was continued at modified work. Authorization for additional physical therapy was requested. The claimant was seen on 06/02/14 as a new patient. Her history of injury and subsequent treatments were reviewed. Naprosyn and tramadol had not provided pain relief. There had been no improvement with physical therapy. She was having moderate thoracolumbar pain without radiating symptoms. Physical examination findings included an antalgic and slow wide based gait with a stooped posture. There was decreased lumbar spine range of motion with pain. She had paraspinal muscle spasms with tenderness and tightness. Straight leg raising and facet loading were negative. Authorization for chiropractic treatment was recommended. Flexeril and lidocaine gel were prescribed. Authorization for chiropractic treatment two times per week for four weeks was requested. She was continued with work restrictions. On 06/30/14 she had been unable to tolerate standing for more than two hours and her job requirements included standing throughout the day. Imaging results were reviewed. Flexeril was prescribed. She was placed out of work. On 07/10/14 she had not scheduled any of the chiropractic treatments. She was having ongoing symptoms which were unchanged. Medications were cyclobenzaprine 7.5 mg and

Naprosyn 550 mg two times per day. The claimant was evaluated for chiropractic care on 07/16/14. She was having constant back pain rated at 9/10. She had difficulty when transitioning from a seated position and with twisting. She was not having any radiating symptoms. Physical examination findings included decreased and painful lumbar spine range of motion with positive Kemp's testing and lumbar and sacroiliac joint tenderness with pelvic asymmetry and increased paraspinal muscles tone. As of 07/30/14 she was having ongoing symptoms. Pain was rated at 9-10/10. The claimant reported participating in a home exercise program and using heat two times per day. In follow-up on 08/07/14 her symptoms were unchanged. There had been no improvement after chiropractic treatments. The note references physical therapy in the past with some improvement. Physical examination findings appear unchanged. She was referred for further evaluation. She was continued at temporary total disability. On 09/10/14 she was continuing with a home exercise program. She had completed both chiropractic and physical therapy treatments. Pain was rated at 8/10. Physical examination findings included decreased and painful thoracic spine range of motion with spasms, tenderness, and trigger points. There was bilateral and midline lumbar spine tenderness. Authorization for physical therapy two times per week for four weeks and for Lidoderm was requested. Cyclobenzaprine and Naprosyn were refilled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Active Therapy ( [REDACTED] ) 2 Times per Week for 4 Weeks including Physical Therapy for The Upper Back, Myofascial Pain, and Palpable Trigger Points:** Upheld

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

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

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for non-radiating low back pain. Treatments have included physical therapy and the claimant reports performing a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of Thera Bands for strengthening and self-applied modalities such as heat and ice. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from continuing to perform such a program. Therefore, the request for Active Therapy ( [REDACTED] ) 2 Times per Week for 4 Weeks including Physical Therapy for The Upper Back, Myofascial Pain, and Palpable Trigger Points is not medically necessary and appropriate.

**Lidoderm 5%, 60 per Month with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for non-radiating low back pain. Treatments have included physical therapy and the claimant reports performing a home exercise program. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm 5%, 60 per Month with 2 refills is not medically necessary and appropriate.