

Case Number:	CM14-0211709		
Date Assigned:	12/23/2014	Date of Injury:	04/11/2009
Decision Date:	12/30/2014	UR Denial Date:	11/19/2014
Priority:	Expedited	Application Received:	12/17/2014

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 Occupational Medicine 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:

The applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 11, 200. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; earlier knee meniscectomy surgery; unspecified amounts of physical therapy; and reported return to regular duty work. In a utilization review report dated November 19, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy for the neck and low back, topical Lidoderm patches, and topical Pennsaid solution. The claims administrator invoked a variety of non-MTUS Guidelines in its denials, including non-MTUS Chapter 6 ACOEM Guidelines which were mislabeled as originating from the MTUS, and non-MTUS ODG Guidelines. The claims administrator stated that the attending provider had not identified how much prior physical therapy the applicant had had to date. Non-MTUS ODG Guidelines on Lidoderm patches were invoked in the denial, as were non-MTUS ODG Guidelines on topical Diclofenac. The applicant's attorney subsequently appealed. In a progress note dated September 17, 2014, the applicant reported 5/10 to 6/10 neck and low back pain. The applicant stated that Pennsaid and Lidoderm were attenuating his pain complaints and neuropathic pain, respectively. The applicant's medication list included Skelaxin, Nucynta, Pennsaid, Lidoderm, Norvasc, aspirin, Catapres, Zestril, Prilosec, and Zipsor. The applicant was still smoking, it was acknowledged. The applicant's BMI was 20. Knee medial joint line tenderness was appreciated. The applicant was given diagnoses of cervical pain, knee pain, thoracic pain, and low back pain. The applicant exhibited an antalgic gait without usage of assistive devices and a 5/5 motor function was appreciated. A 12-session course of physical therapy, trigger point injection therapy, Lidoderm, Pennsaid, and regular duty work were endorsed. The note was somewhat difficult to follow. One section of the note stated that the applicant was working full time while other sections of the note stated that the applicant was

working part time. It appeared that the applicant was working on a full-time basis, despite a 4-hour per day time limitation imposed by a medical-legal evaluator. In an earlier note dated June 11, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant's gastrointestinal, psychiatric, and general review of systems was negative. The applicant exhibited palpable tender points about the lumbar and thoracic spines with intact strength and sensorium appreciated about the lower extremities. Trigger point injection therapy and physical therapy were sought while the applicant was returned to regular duty work. The applicant was asked to try and cease smoking. The remainder of the file was surveyed. There was no mention of the applicant as having previously employed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions for Neck and Low Back Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function, page 114 and Official Disability Guidelines (ODG) Neck and Upper Back Chapter and Low Back Chapter

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

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant has apparently returned to regular duty work. The applicant was described on several office visits, referenced above, as independently ambulatory and retaining well-preserved lower extremity motor function. The applicant does not seemingly have significant residual impairment which would warrant the lengthy formal course of physical therapy proposed by the attending provider and should seemingly be capable of transitioning to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lidoderm 5% patch # 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section; Pain Mechanisms Section Page(s): 112; 3.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, in this case, however, there was no mention of the previous trial and/or failure of first-line antidepressant adjuvant medications and/or anticonvulsant adjuvant medications on any of the progress notes on file, namely those dated April 30, 2014, June 11, 2014, or September 17, 2014. It is further noted that the attending provider has not described symptoms consistent with a diagnosis of neuropathic pain which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as lancinating, electric shock-like numbing, tingling, and/or burning sensations. Here, however, the applicant was described as having myofascial pain complaints about the lumbar and thoracic paraspinal regions with palpable tender points appreciated in this area. The applicant received and/or was offered trigger point injections at several points in 2014. The request, thus, is not indicated owing to (a) the lack of clearly characterized or clearly described neuropathic symptoms and (b) the seeming lack of documentation as to the previous trial and/or failure of antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. Accordingly, the request is not medically necessary.

Pennsaid 2% Solution, #1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Section Page(s): 112.

Decision rationale: Pennsaid is a derivative of topical Diclofenac/Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Diclofenac/Voltaren is indicated in the treatment of small joint arthritis which lends itself to topical application, in this case, however, there is no explicit statement that the applicant had issues with small joint arthritis which might be amenable to topical application. While the applicant did have a history of previous knee surgery, the attending provider did not explicitly state that the applicant was using topical Pennsaid to treat issues with knee arthritis. It is further noted that page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren/Pennsaid has "not been evaluated" for treatment involving the spine, hip, and/or shoulder pain here. The applicant's primary pain generators are, in fact, the thoracic and lumbar spines, body parts for which topical Diclofenac/Voltaren/Pennsaid has not been evaluated. Therefore, the request is not medically necessary.