

Case Number:	CM14-0099290		
Date Assigned:	09/16/2014	Date of Injury:	01/10/2008
Decision Date:	10/16/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The injured worker is a 61-year-old male with a reported date of injury on 01/10/2008. The mechanism of injury was noted to be due to cumulative trauma. His diagnoses were noted to include radial styloid tenosynovitis, sprain/strains of the neck, enthesopathy of the knee, shoulder region disorders, olecranon bursitis, and shoulders bursae and tendon disorders. His previous treatments were noted to include physical therapy, surgery, and medication. The progress note dated 04/07/2014 revealed complaints of residual pain with weakness to the right knee. The injured worker had undergone postoperative sessions of physical therapy and had difficulty sleeping due to pain and discomfort. The injured worker had an antalgic gait and utilized a cane for ambulation. The injured worker described left knee pain with weakness and a loss of motor strength was noted to be 4/5 over the knees bilaterally. The injured worker was to continue with postoperative sessions of physical therapy to reduce pain, increase musculoskeletal function, and avoid deconditioning. The progress note dated 05/19/2014 revealed complaints of difficulty with daily activities and an antalgic gait with a cane to aid in ambulation. The loss of motor strength over the right knee was noted to be rated 4/5. The provider indicated a request for 12 sessions of aquatic therapy to be provided for the injured worker's right knee to reduce pain and increase functional activity. The Request for Authorization Form was not submitted within the medical records. The request was for aquatic therapy 12 sessions to reduce pain, increase functional capacity, and avoid further aggravation of the industrial injury, Lidoderm patches to reduce pain, increase functional capacity, and reduce the need for taking oral pain medications, and to refill medications; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for aquatic therapy 12 sessions is not medically necessary. The injured worker has participated in previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements as well as the number of previous physical therapy sessions completed. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations as the injured worker is now in the acute phase of treatment. Therefore, the request is not medically necessary.

Lidoderm 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; Lidocaine Page(s): 111; 112.

Decision rationale: The request for Lidoderm patches is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guideline primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is a lack of documentation regarding neuropathic pain or the efficacy or improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Refill Medications (Unspecified): 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 Medications for chronic pain Page(s): 60.

Decision rationale: The request for refill medications (unspecified) is not medically necessary. The injured worker has been taking medications for knee pain. The California Chronic Pain Medical Treatment Guidelines state relief of pain with the use of medications is generally temporary, and measures the lasting benefit from this modality should include evaluating the effective pain relief and relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur, determine the aim of use of the medication, determine the potential benefits and adverse effects, determine the patients preference. Only 1 medication should be given at a time, interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 2 days, and the analgesic effects of antidepressants should occur within 1 week. There is a lack of documentation regarding the injured worker's medication regimen to warrant a refill of medications. Additionally, the request failed to provide the medication names and frequency to which the medications are to be utilized. Therefore, the request is not medically necessary.