

<b>Case Number:</b>	CM14-0211188		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 56 year-old male with a date of injury of May 23, 2013. The patient's industrially related diagnoses include chronic pain syndrome, pain in thoracic spine, degenerative disc disease of the lumbar spine, sprain of lumbar region, and myofascial pain syndrome. The disputed issues are physical therapy active therapy (RehabOne Programs) 2 times a week for 4 weeks for the lumbar spine, and Lidoderm patch 5% (700 mg/patch) #30, 1 refill. A utilization review determination on 11/20/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was: "This patient has already undergone previous physical therapy without significant improvement. In fact, according to a physical therapy note dated January 16, 2014, the patient had completed six sessions of physical therapy. The patient continues to report pain 8/10. The patient was discharged from therapy as treatment was ineffective in decreasing functional deficits and pain. Additionally, the patient reported to multiple subsequent physicians that previous therapy has not been beneficial. It would not be advisable to reinitiate the patient in a formal course of treatment in which he previously found non-beneficial.... Therefore, recommendation is for non-certification of the request for Physical therapy: Active therapy (RehabOne Programs) 2x4 for the lumbar spine." The stated rationale for the denial of Lidoderm patch was: "As noted in the references, topical lidocaine may be indicated for localized peripheral neuropathic pain after there has been evidences of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish that this patient has a localized peripheral neuropathic pain component. Additionally, there is no indication that the patient has failed a trial of first-line

therapy.... As such, the patient does not meet the criteria to consider this type of topical application."

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

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

**Physical Therapy Active therapy (██████████ Programs) 2 times a week for 4 weeks for the Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) Page 98 of 127, Non-MTUS Official Disability Guidelines (ODG), Low back, Physical Therapy.

**Decision rationale:** With regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. Within the documentation available for review, there is documentation of completion of 6 prior PT sessions on 6/26/2013 with documentation of no improvement in pain and no documentation of specific objective functional improvement. Additional physical therapy is contingent on demonstration of functional improvement from previous physical therapy. In light of the above issues, the requested physical therapy active therapy (██████████ Programs) 2 times a week for 4 weeks for the lumbar spine is not medically necessary.

**Lidoderm patch 5% (700 mg patch) #30, 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** With regard to the request for Lidoderm Patch, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the injured worker has failed first-line therapy recommendations listed in the guidelines. Additionally, there is no documentation of localized peripheral pain in the subjective

complaints, no physical exam done on 11/17/2014 at the time of the request, and no diagnosis consistent with localized peripheral pain. Based on the lack of documentation, the currently requested Lidoderm Patch 5% #30 with 1 refill is not medically necessary.