

<b>Case Number:</b>	CM15-0178818		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/31/1998
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 & Rehabilitation

### 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 57 year old female who sustained an industrial injury July 31, 1998. Past history included a right wrist and right elbow surgery in 1998. The injured worker has undergone physical therapy in the past, but the total number of completed sessions is not clear, since a November 2, 2012 treating physician's request. Diagnoses are musculoligamentous sprain cervical sprain with right upper extremity radiculitis; tendinitis right shoulder; musculoligamentous sprain lumbar spine with lower extremity radiculitis. According to a primary treating physician's progress report dated August 4, 2015, the injured worker presented with complaints of increased neck pain with severe radiating pain into the right arm with numbness. She also reports headaches, right shoulder pain with difficulty moving the shoulder and low back pain radiating down the right leg with numbness of the toes. She is taking Flexeril as needed and underwent a cervical MRI. Objective findings included; diminished sensation right 3rd, 4th and 5th fingers. Tender over the right trapezius, levator scapulae and rhomboids, Tender over supraspinatus, coracoid and bicipital groove. Treatment plan included; an intramuscular injection of Ketorolac 60mg with Lidocaine 1ml administered, prescribed medication, obtain QME and MRI reports, and continue to exercise. At issue, is a request for authorization dated August 8, 2015 for (30) Lidocaine patches, (5) refills and 8 physical therapy sessions. A cervical MRI dated May 6, 2015, (report present in the medical record) impression; broad based right paracentral and foraminal disc osteophyte complex protrusion, causing a severe right foraminal stenosis. The disc space is narrowed and there is 2mm of retrolisthesis. The spinal cord demonstrates no evidence of signal abnormality; mild spondylosis of the cervical

spine otherwise. According to utilization review dated August 12, 2015, the request for 30 Lidocaine patches + (5) refills between August 11, 2015 and November 9, 2015 are non-certified. The request for (8) Physical Therapy sessions between August 11, 2015 and November 9, 2015, are non-certified.

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

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

#### **30 Lidocaine patches 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The current request is for 30 LIDOCAINE PATCHES 5 REFILLS. The RFA is dated 08/08/15. Treatment history includes right wrist and right elbow surgery in 1998, physical therapy, injections and medications. The patient is not working. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels, are indicated for neuropathic pain. MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 08/08/15, the patient presents with increased neck pain with severe radiating pain into the right arm with numbness. She also reports right shoulder pain and low back pain radiating down the right leg with numbness of the toes. Objective findings included diminished sensation in the right 3rd, 4th and 5th fingers and tenderness over the upper extremities. The treater recommended a refill of lidocaine patches which the patient has been using since at least 05/20/15. This patient presents with lower back, neck and right shoulder pain with radicular symptoms, not a localized neuropathic pain amenable to topical Lidocaine patches. While topical Lidocaine is considered appropriate for peripheral neuropathic complaints, there is no evidence that this patch is being utilized for such complaint. Therefore, the request is not medically necessary.

#### **8 Physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The current request is for 8 PHYSICAL THERAPY SESSIONS. The RFA is dated 08/08/15. Treatment history includes right wrist and right elbow surgery in 1998, physical therapy, injections and medications. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 08/08/15, the patient presents with increased neck pain with severe radiating pain into the right arm with numbness. She also reports right shoulder pain and low back pain radiating down the right leg with numbness of the toes. Objective findings included diminished sensation in the right 3rd, 4th and 5th fingers and tenderness over the upper extremities. The treater recommended physical therapy sessions. The patient has completed 16 PT sessions between March 2014 and December 2014. She also participated in 20 post op PT sessions in 2013. MTUS guidelines support up to 10 visits for complaints of this nature. The request for additional 8 sessions in addition to prior treatment exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.