

Case Number:	CM15-0065245		
Date Assigned:	04/13/2015	Date of Injury:	01/22/2008
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a represented 51-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 22, 2008. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for topical Lidoderm patches and ultrasound therapy performed on February 13, 2015. The applicant's attorney subsequently appealed. On February 13, 2015, topical Lidoderm patches and in-house ultrasound therapy were endorsed. In a RFA form dated February 30, 2015, topical Lidoderm patches and ultrasound therapy were apparently endorsed for myofascial pain complaints. In an associated progress note dated February 30, 2015, it was stated that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. It was suggested (but not clearly stated) that the applicant was working with a five-pound lifting limitation in place, at a rate of six hours a day. Ultrasound therapy was apparently performed. Twelve sessions of physical therapy were endorsed. The attending provider stated that the applicant had had difficulty tolerating various oral pharmaceuticals over the course of the claim owing to various issues with sedation. In an earlier note dated August 7, 2014, it was stated that the applicant was deriving appropriate analgesia with ongoing Motrin usage and was working at a rate of six hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Yes, the request for Lidoderm patches was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 with antidepressants and/or anticonvulsants. Here, the treating provider reported that the applicant had developed side effects with a variety of first-line oral pharmaceuticals at various points over the course of the claim. The attending provider had seemingly stated that topical Lidoderm patches have proven effective in attenuating the applicant's pain complaints as evinced by both her subjective reports of analgesia with the same and as evinced by her successful return to work with the same. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

US (ultrasound) Therapy (X1 In House) for Bilateral Forearms (retrospective 02/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98.

Decision rationale: Conversely, the request for in-office ultrasound therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, the article at issue, is deemed "not recommended" in the chronic pain context present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of a claim. Here, the attending provider's concurrent request for an H-Wave device, a TENS unit, a paraffin bath, and therapeutic ultrasound, taken together, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.