

<b>Case Number:</b>	CM14-0140941		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/13/2003
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 55-year-old female who reported an injury on 06/13/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 08/04/2014 indicated diagnoses of lumbar disc displacement without myelopathy, long term use of medications, sciatica, therapeutic drug monitor, and lumbar spinal stenosis. The injured worker reported chronic low back and bilateral lower extremity pain. The injured worker reported having a flare-up of pain. The injured worker reported having more right sided low back pain that radiated down her right buttock and into the right hip and lower extremity. The injured worker reported she did have intermittent flare-ups of pain, especially after working out at the gym. The injured worker reported that medications did help to reduce some pain and allowed for greater function. With the use of medications, the injured worker reported she was able to continue her home exercise program and tolerated her medications well without side effects. The injured worker reported she did have decrease in function and did utilize home health aide. On physical examination of the lumbar spine there was tenderness to palpation at the right sided lumbosacral region. The injured worker's range of motion of the lumbar spine was decreased. The injured worker had decreased sensation to light touch along the right lower extremity, with deep tendon reflexes 1+ and equal at the patella and Achilles. Motor strength was decreased 4/5, with rigid lower extremity compared to the left lower extremity. The injured worker had a straight leg raise that was positive bilaterally at 50 degrees. The injured worker's treatment plan included follow-up in 4 weeks for medications. The injured worker's prior treatments included diagnostic imaging, medication management. The injured worker's medication regimen included Lidoderm patch, gabapentin, hydrocodone bit/APAP, and cyclobenzaprine. The provider submitted a request for 12 sessions of aquatic therapy and the

Lidoderm patch. A Request for Authorization dated 08/06/2014 was submitted; however, a rationale was not provided for review.

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

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

#### **12 sessions of Aquatic Therapy: Upheld**

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

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

**Decision rationale:** The request for 12 sessions of Aquatic Therapy is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is lack of documentation regarding the injured worker's inability to participate in land based exercise such as decreased weight bearing or obesity. In addition, there is lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Moreover, the request does not specify a time frame or body part for the aquatic therapy. In addition, it was not indicated if the injured worker had undergone prior physical therapy. Therefore, the request for 12 sessions of aquatic therapy is not medically necessary.

#### **Lidoderm Patch 5% #90 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**Decision rationale:** The request for Lidoderm Patch 5% #90 3 refills is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker had tried a first line therapy such as gabapentin or Lyrica. Additionally, there is lack of documentation of efficacy and functional improvement with the Lidoderm patch. Furthermore, the request does not indicate a frequency. Therefore, the request for Lidoderm patch is not medically necessary.

