

<b>Case Number:</b>	CM13-0038415		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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 physician 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 patient is a 53-year-old female who reported a work-related injury on 05/10/2004; mechanism of injury was not specifically stated. The patient currently presents for treatment of the following diagnoses. Status post microdiscectomy at L5-S1 on the right as of 04/04/2005, resolving chronic right S1 radiculopathy with 1+/4 denervation, mild right L5 sensory deficit, and advanced degenerative disc disease at L5-S1. The clinical note dated 09/05/2013 reports the patient was seen under the care of [REDACTED] to assess the patient's current condition. The provider documents the patient continues to present with lumbar spine and right lower extremity pain complaints. The provider documented upon physical exam of the patient, range of motion of the lumbar spine was complete in forward flexion and extension; right and left lateral bend were 75% of normal. The provider documented slight weakness of the right EHL which was +4/5. Sensory exam was intact. Reflexes were +1 and equal at the bilateral knees. The provider documented an absent ankle reflex to the right. Straight leg raise was negative bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar spine, with and without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53,303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The Physician Reviewer's decision rationale: The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints; radiation of pain to the bilateral lower extremities with motor and neurological deficits evidenced to the right lower extremity upon exam of the patient. Electrodiagnostic studies performed on 11/12/2012 revealed right S1 radiculopathy with subacute 2+/4 denervation to the hamstring. The patient last underwent MRI of the lumbar spine in 2010 which revealed 3 mm disc bulge at L5-S1 with osteophyte without canal or nerve root impingement. The provider wants to further assess the patient's lumbar spine as the patient continues to present with subjective complaints of pain about the lumbar spine, as well as objective findings of symptomatology. The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicates additional studies may be considered to further define problem areas. The request for an MRI of the Lumbar spine, with and without contrast, is medically necessary and appropriate.

**One prescription of Meloxicam:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized the current requested medication chronic in nature subsequent to her work-related injury sustained in 05/2004. However, the clinical notes failed to document the patient's specific reports of efficacy with this medication as noted by decrease in rate of pain on a VAS (visual analog scale) and increase in objective functionality. The Chronic Pain Medical Treatment Guidelines indicates meloxicam is an NSAID (non-steroidal anti-inflammatory drugs) utilized for the relief of the signs and symptoms of osteoarthritis. The request for one prescription of Meloxicam is not medically necessary or appropriate.

**One prescription of Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized the current requested medication chronic in nature subsequent to her work-related injury sustained in 05/2004. However, the clinical notes failed to document the patient's specific reports of efficacy

with this medication as noted by decrease in rate of pain on a VAS and increase in objective functionality. The Chronic Pain Medical Treatment Guidelines indicates Lidoderm is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. The clinical notes failed to evidence the patient has utilized a recently trial of a first-line therapy tricyclic or SNRI (serotonin and noradrenaline reuptake inhibitor) antidepressant or AED (anti-epileptic drug) such as gabapentin or Lyrica. The request for one prescription of Lidoderm patches is not medically necessary or appropriate.