

Case Number:	CM13-0061160		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2010
Decision Date:	04/18/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic surgery and is licensed to practice in California. 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:

This patient is a 47-year-old gentleman injured on January 22, 2010. The records provided for review identified an assessment dated November 12, 2013 by [REDACTED] that documented a diagnosis of facet arthropathy of the lumbar spine, degenerative disc disease of the lumbar spine, and chronic pain syndrome. The records on that date noted ongoing complaints of low back pain with spasm. Objectively, there was tenderness over the L4-5 and L5-S1 facet joints with diminished range of motion with an intact sensory and motor examination. The physician documented that the MRI from 2011 showed facet hypertrophy at L4-5 with posterior disc bulging. Based on the patient's continued difficulty, recommendation was for medication management with Cyclobenzaprine, Hydrocodone, and LidoPro topical ointment in addition to a medical branch blockade at the L4-5 and L5-S1 levels. The records included electrodiagnostic studies of the bilateral lower extremities that showed evidence of a bilateral S1 radiculopathy. Examination documented in a progress report in August 2013 noted numbness radiating into the thigh and diminished sensation and motor strength in an "L5 dermatome" distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Cyclobenzaprine 7.5mg #60 between 11/6/13 and 1/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines do not recommend continued use of cyclobenzaprine. The Chronic Pain Guidelines state muscle relaxants are to be used with caution as a second line option in the chronic setting for acute symptomatic flare. The records in this case do not document that the claimant has experienced an acute symptomatic flare to support continued use of this medication in the chronic setting. The specific request would not be supported.

Prospective request for 1 prescription of LidoPro topical ointment 4oz #1 between 11/6/13 and 1/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids: Criteria for use Page(s): 51; 76-80.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines also would not support the role of continued use of hydrocodone. While it is understood that the claimant has chronic pain complaints, there is no documentation of significant improvement with the use of Hydrocodone. The Chronic Pain Guidelines recommend that the appropriate time to discontinue medication would be when no significant benefit or improvement is achieved. Based upon the records provided for review, hydrocodone cannot be recommended as medically necessary.

Prospective request for 1 prescription of LidoPro topical ointment 4oz #1 between 11/6/13 and 1/25/14: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines do not support the use of LidoPro ointment. LidoPro is a topical compounding cream including lidocaine. Lidocaine is used as a second-line agent applied topically for neuropathic pain after failed first line agents including tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or agents such as gabapentin or Lyrica. There is no documentation in the records that identifies a diagnosis of neuropathic pain. The lack of this documentation fails support the continued role of this topical medication.

Prospective request for 1 medial branch block of bilateral L4-5 and L5-S1 facets between 11/6/13 and 1/25/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's comp: 18th Edition; 2013 Updates; Chapter low back: Facet joint diagnostic blocks (injections)

Decision rationale: The request for bilateral L4-5 and L5-S1 facet joint injections cannot be recommended as medically necessary. The claimant's clinical picture includes a radicular process confirmed by electrodiagnostic studies on the August 13, 2013 examination with weakness and sensory change. The CA MTUS and ACOEM Guidelines do not apply. Official Disability Guidelines indicate that radiculopathy is a direct contraindication for the role of facet joint injections. The documentation provided for review would not support the request based upon the ODG Guidelines.