

Case Number:	CM13-0067782		
Date Assigned:	03/21/2014	Date of Injury:	02/13/2004
Decision Date:	05/29/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine 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 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 patient is a 53 year old female who was injured on 02/13/2004 while she was assisting a 300-pound female client in order to get her comfortable in her bed. As the patient was pulling on the sheet in an attempt to move the client, she felt a loud "pop" in her low back followed by a burning sensation down her left leg. Prior treatment history has included the patient has undergone an L4-L5, L5-S1 discectomy March of 1998 and a repeat surgery in January of 2005. She received physical therapy, epidural injections and medication providing no benefit. She also underwent nerve conduction study of her lower extremity and MRI scan of her lumbar spine. Final Determination Letter for IMR Case Number CM13-0067782 3 She also underwent a bilateral carpal tunnel release for the left in 2007 and the right in 2009. She has been through psychological treatment. Sometime in 2006 she began noticing the onset of bladder incontinence. Her medications have included the following: 1. Metformin 2. Bupropion HCL 3. Protonix 4. Lisinopril 5. Sumatriptan 6. Gabapentin 7. Celebrex 8. Nucynta 9. Phenergan 10. Tizanidine 11. Dendracin lotion 12. Ketoprofen compound cream 13. Lidoderm patch 14. promethazine

Diagnostic studies reviewed include bladder ultrasound dated 05/31/2011 revealing complete bladder emptying after voiding. Progress note dated 10/22/2013 documented the patient to have complaints of severe intractable low back pain and lower extremity pain. She also has pain over the cervical spine affecting the right upper extremity. She has ongoing bowel and bladder incontinence. She complains of weakness predominantly in her lower extremities. Objective findings on examination of the lumbar spine revealed well healed midline surgical scar with positive allodynia over the scar region with 1+ positive spasms; limited range of motion in all directions; lower extremity exam revealed the patient had a positive straight leg raise exam bilaterally at 45 degrees in the supine position; muscle testing revealed marked weakness in both lower extremities; peroneus longus/brevis left 4/5 and right 4/5, extensor hallucis longus left 2/5

and right 4/5 and tibialis anterior left 4/5 and right 4/5; reflex testing: Patellar reflex 2+ on the right and trace on the left. Achilles reflex 1+ on the right and absent on the left; sensory exam reveals hypesthesia in the left L5 and S1 dermatomes. Treatment Plan: She was to continue chronic pain management evaluation and treatment with [REDACTED]. She was also to continue evaluation and treatment by urologist, [REDACTED]. Progress note dated 11/18/2013 revealed objective findings on examination of the cervical spine to reveal tenderness and pain. There is pain to right and left rotation of the neck at 40 degrees, extension 20 degrees and flexion 30 degrees also with pain. She has pain to abduction and elevation of the right shoulder past 130 degrees. Range of motion of the left shoulder is intact but with some pain. Examination of the elbows and wrists reveals essentially good range of motion but with pain bilaterally. There is a scar from a right carpal tunnel release. She has weakness and pain in the wrist with some swelling of the fingers. There is a scar from carpal tunnel release on the left. Examination of the back and lower extremities revealed the patient is ambulating with a walker. She does appear to have a foot drop on the left and a recent injury to the right foot with plantar fasciitis, for which she has had several injections. On examination of the lumbar spine, a Final Determination Letter for IMR Case Number CM13-0067782 4 large scar of surgery from lumbar spine fusion is seen. There is hypersensitivity to touch of the lumbar spine. There is pain to touch over the right foot. Diagnoses include: 1. Status post lumbar fusion; possible foot drop on the left. 2. Compensatory pain, cervical spine. 3. Compensatory pain, shoulders, right greater than left. 4. Compensatory pain, right elbow. 5. Compensatory pain, bilateral wrists and hands, status post bilateral carpal tunnel release. 6. Compensatory pain, right foot. 7. Urinary complaints 8. Anxiety and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON LIDODERMÂ® (LIDOCAINE PATCH),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON LIDODERMÂ® (LIDOCAINE PATCH), Page(s): 56.

Decision rationale: The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. Further, the patient continues to take Gabapentin for neuropathic pain, and topical lidocaine use thus far does not appear to have resulted in pain reduction or functional improvement. Medical necessity is not established.

DENDRACIN LOTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS..

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

Decision rationale: According to the literature, Dendracin lotion is a compound topical containing methyl salicylate, benzocaine, and menthol. According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) as the product is significantly better than placebo in chronic pain. However, use is recommended short-term. Efficacy of long-term use is not established. The guidelines do not recommend benzocaine. Any product that contains a non-recommended compound is not recommended. Further, use of this topical medication thus far does not appear to have led to significant pain reduction or functional improvement. However, the patient continues to take Gabapentin. Medical necessity is not established.

REPLACEMENT ORTHOPEDIC SHOES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), BACK AND ANKLE CHAPTER: SHOE INSOLES/SHOE LIFTS/ ORTHOTIC DEVICES.

Decision rationale: According to the Official Disability Guidelines, shoe orthotics may be recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time, but are not recommended for prevention for back pain. The medical records do not establish the patient has leg length discrepancy or stands for prolonged periods. The medical records do not include any relevant information regarding rationale for orthopedic shoe use nor is it clear that they have provided significant benefit in patient's pain or function. The medical necessity of the request has not been established.