

Case Number:	CM13-0068835		
Date Assigned:	01/03/2014	Date of Injury:	02/11/2011
Decision Date:	08/04/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 61-year-old male who was injured on 02/11/2011 when he struck his right leg with a chair, which resulted in him twisting his back. Prior medication history included methadone, Cymbalta, Ataraz, Glipizide, ibuprofen, and metformin. The patient underwent left L4-L5 transforaminal epidural steroid injection, which provided greater than 50% relief of his symptoms. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 12/09/2013 revealed degenerative disk disease at L3-L4 and L4-L5 with moderate to severe central canal narrowing. There is severe right neural foraminal narrowing at L3-L4 with impingement on the exiting right L3 nerve root. There is facet hypertrophy with moderate to severe bilateral proximal neural foraminal narrowing at L5-S1. There is also congenital narrowing of the spinal canal on a developmental basis. Visit note dated 12/11/2013 states the patient complained of low back pain and right knee pain. He rates his pain as 7-8/10. On exam, his BMI is 35.88. The lumbar spine revealed straight leg raise test is positive on the left side in supine position oat degrees. He has continued decreased sensation on light touch left lateral thigh. Diagnoses are chronic pain syndrome, cervicgia, lumbago, and sciatica. The treatment and plan included acupuncture 2 visits for 3 weeks, Lidocaine/Flector patch, methadone 5 mg, and a request for TFESI at L4-L5. Prior utilization review dated 12/18/2013 states the request for L4-L5 transforaminal epidural steroid injection (TFESI) qty: 1.00 is denied as there is no documented evidence of radicular pain, Lidocaine patch 5% qty: 30.00 are denied as there is no failed trial of first line therapy; methadone HCl 5mg qty: 360.00 is denied as there is no documented evidence of functional improvement or maintenance of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 TFESI (TRANSFORAMINAL EPIDURAL STEROID INJECTION) QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections.

Decision rationale: This is a request for L4-5 transforaminal epidural steroid injection (TFESI) for a 61-year-old male injured on 2/11/11, with chronic low back pain, lumbar DDD/DJD, and lumbar radiculopathy. Records state the intended procedure is a repeat left L4-5 TFESI. According to MTUS guidelines, repeat ESI blocks should be based upon continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication for six to eight weeks. However, the patient underwent left L4-5 TFESI on 4/26/13 but only received pain relief for 2 weeks after which symptoms gradually recurred. Further, orthopedic spine consultation on 11/5/13 opined the patient is unlikely to improve with non-operative treatment. Further ESI was not recommended. Repeat lumbar MRI was recommended to help determine the primary source of the patient's symptoms. Medical necessity is not established for L4-5 TFESI at this time. Given the above the request is not medically necessary.

LIDOCAINE PATCH 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL LIDOCAINE Page(s): 56-57.

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

Decision rationale: This is a request for Lidocaine Patch 5% for a 61-year-old male injured on 2/11/11, with chronic low back pain, lumbar DDD/DJD, and lumbar radiculopathy. According to MTUS guidelines, topical Lidocaine is recommended for localized peripheral neuropathic pain after a failed first-line trial of oral medications for neuropathic pain. However, the patient continues to take Cymbalta apparently for neuropathic pain. Further, there is no documentation of clinically significant functional improvement from use of topical Lidocaine. Medical necessity is not established. Given the above the request is not medically necessary.

METHADONE HCL 5MG, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone Page(s): 74-96; 61-2.

Decision rationale: This is a request for Methadone for a 61-year-old male injured on 2/11/11, with chronic low back pain, lumbar DDD/DJD, and lumbar radiculopathy. According to MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain when benefits outweigh risks. The patient is taking Methadone on a chronic basis. However, medical records fail to establish clinically significant functional improvement, including reduction in dependency on medical care, due to use of this medication. The patient continues to complain of severe pain and dysfunction. Medical necessity is not established. Given the above the request is not medically necessary.