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| Case Number: | CM14-0117231 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/24/1997 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 39 year old female with date of injury 4/24/1997. The mechanism of injury is stated as slipping and falling. The patient has complained of low back pain with radiation of pain to the bilateral lower extremities since the date of injury. She has been treated with back surgery (L4-5, L5-S1 BAK fusion), epidural injection, physical therapy and medications. There are no radiographic data included for review. Objective: kyphosis, decreased and painful range of motion of the lumbar spine, increased lower extremity reflexes, decreased sensation on the plantar and dorsal surfaces of the foot and lateral calf. Diagnoses: chronic pain syndrome; thoracic and lumbo-sacral neuritis, post-laminectomy syndrome of the lumbar region. Treatment plan and request: Injection of hardware in lumbar spine, Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inj hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

Decision rationale: This 39 year old female has complained of low back pain with radiation of pain to the bilateral lower extremities since date of injury 4/24/1997. She has been treated with back surgery (L4-5, L5-S1 BAK fusion), injection of hardware x 1, physical therapy and medications. The current request is for injection of hardware. Per the (ODG) Official Disability Guidelines cited above, lumbar and thoracic hardware injections are recommended only for the diagnostic evaluation of failed back surgery. An injection procedure into hardware may be performed on patients who have undergone a fusion with hardware in order to determine if continuation of pain is caused by the hardware. A provider note dated 05/2014 documented that the patient underwent a prior hardware injection which resulted in 8 to 10 hours of pain relief. A diagnostic hardware injection has been performed. A repeat hardware injection is not medically necessary and appropriate.

1 prescription of Lidoderm 5% topical film #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: This 39 year old female has complained of low back pain with radiation of pain to the bilateral lower extremities since date of injury 4/24/1997. She has been treated with back surgery (L4-5, L5-S1 BAK fusion), injection of hardware x 1, physical therapy and medications. The current request is for Lidoderm 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidoderm 5% is not medically necessary and appropriate.