

Case Number:	CM14-0167206		
Date Assigned:	10/14/2014	Date of Injury:	03/19/1996
Decision Date:	11/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine and Rehabilitation 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 58 year old male with an injury date of 03/19/96. Based on the 09/04/14 progress report provided by [REDACTED] the patient complains of low back pain radiating down his bilateral lower extremities. Patient ambulates with a cane. Physical examination to the lumbar spine revealed that all ranges of motion reproduce pain. Straight leg raise test is positive bilaterally. Per progress report dated 07/11/14 by [REDACTED] patient's pain is rated 7/10, and he takes Ibuprofen and Soma for relief. Patient was given Toradol injection and tolerated procedure without complications on 06/03/14 and 09/04/14. Treater requests authorization for bilateral selective nerve root block by [REDACTED] on 12/04/14. Treater requests Lidoderm patches and Ultracin lotion for acute exacerbations. Progress report dated 09/11/14 states that Lidoderm patches decrease patient's pain from 8/10 to 4/10. The patches allow patient to avoid increasing his oral narcotic pain medication and notes functional improvement and pain relief. Diagnosis 07/11/14 by [REDACTED] - lumbago- lumbar spondylosis- lumbar degenerative disc disease- facet arthropathy Diagnosis 09/04/14- failed low back surgery syndrome The utilization review determination being challenged is dated 09/24/14. The rationale follows: 1) (Orthopedic) re-evaluation 12/04/04: 'claimant's epidural is being approved and result of that procedure is necessary to determine medical necessity of request....' 2) Topical Lidoderm patches #30 x2 refills (Q12H for acute exacerbations): "no evidence of functional benefit..." 3) Ultracin lotion 120 grams x2 refills (BID-TID): "contains menthol which is not recommended..." 4) Retro Toradol injection 60mg: "treating physician knows the claimant has diabetes and is urging him to decrease his ibuprofen but does not document that claimant was informed that Toradol is also metabolized in the kidneys." [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/13 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[ORTHOPEDIC] RE-EVALUATION 12/4/14: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 , page 127, (Orthopedic) re-evaluation

Decision rationale: The patient presents with failed low back surgery syndrome and low back pain radiating down his bilateral lower extremities. The request is for (Orthopedic) re-evaluation 12/04/04. His diagnosis dated 07/11/14 includes lumbago, lumbar spondylosis, lumbar degenerative disc disease and facet arthropathy. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Request is medically necessary.

Topical Lidoderm patches #30, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm® (lidocaine patch), under Pain (Chronic)

Decision rationale: The patient presents with failed low back surgery syndrome and low back pain radiating down his bilateral lower extremities. The request is for Topical Lidoderm patches #30, with 2 refills (Q12H for acute exacerbations). His diagnosis dated 07/11/14 includes lumbago, lumbar spondylosis, lumbar degenerative disc disease and facet arthropathy. MTUS Page 112 states, "Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain." When reading ODG guidelines, it recommends Lidoderm patches for peripheral, localized pain that is neuropathic in nature. Progress report dated 09/11/14 states that Lidoderm patches decrease patient's pain from 8/10 to 4/10. The patches allow patient to avoid increasing his oral narcotic pain medication and notes functional improvement and pain relief. However, this patient does not present with the indications for this product. The patient presents with low back pain with diffuse radicular symptoms for which lidocaine topical products are not recommended. The request is not medically necessary.

Ultracin lotion 120grams, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain section, Topical Analgesics, Capsaicin, topical Page(s): 111, 29.

Decision rationale: The patient presents with failed low back surgery syndrome and low back pain radiating down his bilateral lower extremities. The request is for Ultracin lotion 120 grams, with 2 refills, which contains methyl salicylate and capsaicin. His diagnosis dated 07/11/14 includes lumbago, lumbar spondylosis, lumbar degenerative disc disease and facet arthropathy. The MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: "These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." Capsaicin, topical (MTUS p29) " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain,... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." MTUS support topical NSAIDs for peripheral joint arthritis/tendinitis conditions. Finally, regarding compounded topical products, MTUS states that if one of the components is not recommended, the entire compound is not recommended. In this case, the patient may meet the indications for capsaicin but not salicylate, a topical NSAID. The patient does not present with peripheral arthritis/tendinitis problems, but low back pain with diffuse radicular symptoms. Since the methyl salicylate component of Ultracin is not indicated, the entire compounded product is not indicated. Request is not medically necessary.

Retrospective toradol injection 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol) Page(s): 72.

Decision rationale: The patient presents with failed low back surgery syndrome and low back pain radiating down his bilateral lower extremities. The request is for Retrospective Toradol injection 60mg. His diagnosis dated 07/11/14 includes lumbago, lumbar spondylosis, lumbar degenerative disc disease and facet arthropathy. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." Patient was given Toradol injection and tolerated procedure without complications on 06/03/14 and 09/04/14. However, the treater has not documented why patient needs Toradol

injection as opposed to taking oral NSAIDs, which provide comparable level of analgesia per MTUS. Request is not medically necessary.