

Case Number:	CM14-0170091		
Date Assigned:	10/20/2014	Date of Injury:	01/01/1993
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 50-year-old male who reported an injury on 10/07/1996 while working as a salesmen; he hurt his back lifting a container that caused lower back pain that radiated into the right leg. The injured worker complained of low back pain, bilateral leg pain and paresthesia. The injured worker had also been seen for follow up for a status post removal of a spinal cord stimulator and was doing okay per notes, but had increased pain. The injured worker had diagnoses of lumbar radiculopathy secondary to postlaminectomy syndrome fused at the L4-5, lumbar disc bulge at the L5-S1 with stenosis, positive discogram and positive EMG/NCS, hypo testosterone secondary to chronic medication. The MRI of the lumbar spine dated 06/12/2014 revealed L3-L4 with marked hypertrophy of the dorsal facet joints with bilateral ligamentum flavum thickening and borderline central canal stenosis. L5-S1 with midline posterior annular tear with minimal disc bulge and patent central canal and neural foramina. Marked bilateral facet joint hypertrophy. No other evidence of significant disc bulge, focal herniation, central canal or foraminal spinal stenosis, spondylosis or spondylolisthesis. Abnormal EMG and nerve conduction study of the lower limbs consisted of bilateral L4-5 and right S1 nerve root impingement, chronic and old, mild at the L4 root and moderate grade at the bilateral L5 and right S1 root. Motor axon sprouting with reinnervation as well in progress at the L4-5 innervated muscles on both sides is consistent with successful compression. Medications included Norco 10/325 every 6 hours and Lidoderm patch 5% every 12 hours. The injured worker rated his pain without the patch a 9/10 and with the patch at 7/10, and with Norco an 8/10. The objective findings revealed range of motion had improved, incision sight was clean and dry, straight leg raise was positive at 60 degrees, sensation was decreased at the posterior thigh. A positive compression test at the bilateral L4-5. The treatment plan included refill for the Lidoderm patch

5% and spinal surgery as per spine surgeon. The Request for Authorization dated 10/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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 other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. The documentation was not evident of the injured worker having a trial of antidepressants or anticonvulsants having been failed. Lidoderm is indicated for peripheral pain and not as a first line of therapy. The request did not address the frequency. As such, the request is not medically necessary.

Spine Surgery as Per Spine Surgeon [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS/ACOEM indicate, referral for surgical consultation is indicated for injured workers who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and Failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. The guidelines indicate surgery is considered only when serious spinal pathology or brute nerve dysfunction is noted and failed conservative treatment is detected. In the documentation it was not evident that the injured worker has had counseling regarding the surgery, regarding likely outcomes, risk,

benefits and especially expectations of improvement. The documentation was not evident of a psychological evaluation. The request failed to indicate the type of spinal surgery or at what level of the spine the surgery was to be performed. As such, the request is not medically necessary.