

Case Number:	CM14-0037270		
Date Assigned:	06/25/2014	Date of Injury:	12/16/2013
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 29 year old female who was injured on 12/16/13 involving her lower back. She was diagnosed with lumbar sprain/strain, ankle sprain (left), lumbar degenerative disc disease (confirmed on MRI on 2/7/14), myofascial pain, and right wrist sprain/strain. She was treated with home exercises, oral medications, brace. On 2/20/14 the worker was seen by his treating physician reporting continued pain in her low and upper back with radiation to her right and left leg (right worse than left). She reported that she no longer had foot pain. She reported that she was confused about which medications she is taking (not clear on record as well) and how much of her medications she should use. She denied any bowel or bladder incontinence, but reported pain with urination. No fever or chills was reported at the time, and admitted that she had not been drinking water as much as she could have. Physical examination was only remarkable for tenderness in the lumbar area and temperature was 100 degrees F. A request was made by the treating physician for a flexion/extension x-ray of lumbar spine to rule out instability, and to continue her home exercises, bring her medications to her next visit, increase water intake and monitor urinary symptoms and seek her primary care about her urinary symptoms, and a request was made for an electrical stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion/ Extension X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines for lower back complaints suggests that x-rays of the lower back should not be recommended in patients with low back pain in the absence of red flags for serious pathology, even if the pain has persisted beyond 6 weeks or more. X-rays of the lumbar spine may be considered, however, if it would aid in management such as prior to surgery. In the case of this worker, it is not clear as to the purpose of getting an x-ray of the lumbar spine after looking at the available subjective and objective documentation provided for review. Without clear evidence of serious pathology or red flags or an explanation as to why instability was considered as a cause of her back pain, the Flexion/ Extension X-Ray of the Lumbar Spine is not medically necessary.

LidoPro ointment 121gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents, Page 143 Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Lidopro is a topical analgesic combination ointment which includes lidocaine, capsaicin, menthol, and methyl salicylate. In the case of this worker, she, nor the treating physician, were clear as to the worker's ongoing medication use, and there was no documentation provided showing what she was taking previous to the request, including failed medications, in order to make a decision for medical necessity. Without documentation of previous failure of first line medications and evidence of functional and pain improvements with LidoPro, the request for Lidopro Ointment 121gms not medically necessary.