

Case Number:	CM14-0049660		
Date Assigned:	07/07/2014	Date of Injury:	04/13/2006
Decision Date:	08/06/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 60-year-old male with a reported date of injury on 04/13/2006. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck pain rated at 7/10 and low back pain rated at 8- 9/10. According to the documentation, the injured worker had a medial branch block bilaterally at L4-5 and L5-S1 on 11/22/2013, with relief from this for a few days, but it is unclear of how much relief was experienced. Upon physical examination, the injured worker was noted to have an antalgic gait and utilized a single-point cane to assist with ambulation. The injured worker presented with tenderness to palpation of the lower extremities and was unable to perform heel and toe walk. The injured worker's diagnoses included degenerative disc disease of the lumbar spine, status post micro lumbar decompression surgery, degenerative disc disease of the cervical spine, GI upset with medications, and persistent psychological issues including depression and anxiety. The medication regimen included gabapentin, Norco, Flexeril, Docuprene, Wellbutrin, Risperdal, Xanax, trazodone, Ambien, and medical THC. A prospective Request for Authorization for 1 prescription of LidoPro topical ointment 4 ounces, count one between 02/27/2014 and 06/03/2014; 1 second confirmatory medical branch block bilaterally at the L4-L5 between 02/27/2014 and 06/03/2014; 1 second confirmatory medical branch block bilaterally at the L5-S1 between 02/27/2014 and 06/03/2014; prospective request for one supply for OS3 device between 02/27/2014 and 06/03/2014; and the prospective request for 1 lumbar support between 02/27/2014 and 06/03/2014 was submitted on 05/12/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one prescription of LidoPro topical ointment 4 ounces, count one between 2/27/2014-6/3/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 & 112.

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There was a lack of documentation related to the therapeutic and functional benefit related to the ongoing use of LidoPro. In addition, the guidelines do not recommend any topical formulation of lidocaine (whether creams, lotions, or gels) beyond the Lidoderm patch. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesic was to be utilized. Therefore, the prospective request for 1 prescription of LidoPro topical ointment 4 ounces, count 1 between 02/27/2014 and 06/03/2014 is not medically necessary.

One second confirmatory medical branch block bilaterally at the L4-L5 between 2/27/2014-6/3/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

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, Facet Joint Diagnostic Blocks (injections).

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet-mediated pain would include 1 set of diagnostic medial branch blocks as required with a response of greater than or equal to 70% pain relief, with the response lasting at least 2 hours for lidocaine. There should be documentation of failure of conservative treatment and no more than 2 facet joint levels are injected in 1 session. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of

recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use in the activity logs to support subjective reports of pain control. According to the clinical documentation provided for review, the injured worker underwent a medial branch block on 11/22/2013 with relief from this for a few days, but is unclear of how much relief he actually had. According to the Official Disability Guidelines, the injured worker should have a response of greater than or equal to 70% pain relief. There is a lack of documentation related to the injured worker's VAS level or amount of pain relief and the duration of the pain relief. There was a lack of documentation related to the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Therefore, the request for 1 second confirmatory medial branch block bilaterally at the L4-5 between 02/27/2014 to 06/03/2014 is not medically necessary.

One second confirmatory medial branch block bilaterally at the L5-S1 between 2/27/2014-6/3/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Facet Joint Diagnostic Blocks (injections).

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet-mediated pain would include 1 set of diagnostic medial branch blocks as required with a response of greater than or equal to 70% pain relief, with the response lasting at least 2 hours for lidocaine. There should be documentation of failure of conservative treatment, no more than 2 facet joint levels are injected in 1 session. The patient should document pain relief with an instrument such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The injured worker should also keep medication use in the activity logs to support subjective reports of pain control. According to the clinical documentation provided for review, the injured worker underwent a medial branch block on 11/22/2013 with relief from this for a few days, but is unclear of how much relief he actually had. According to the Official Disability Guidelines, the injured worker should have a response of greater than or equal to 70% pain relief. There is a lack of documentation related to the injured worker's VAS level or amount of pain relief and the duration of the pain relief. There was a lack of documentation related to the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Therefore, the request for 1 second confirmatory medial branch block bilaterally at the L5-S1 between 2/27/2014-6/3/2014 is not medically necessary.

Prospective request for one supplies for OS3 device between 2/27/2014-6/3/2014.: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The rationale for the request was not provided within the documentation available for review. In addition, the request as submitted failed to provide the frequency and specific site at which the OS3 was to be utilized. Therefore, the prospective request for 1 supply for OS3 device between 02/27/2014 and 06/03/2014 is not medically necessary.

Prospective request for one lumbar support between 2/27/2014-6/3/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Lumbar Supports.

Decision rationale: The Official Disability Guidelines does not recommend lumbar supports. Lumbar supports do not prevent low back pain. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions are not effective, including stress management, shoe inserts, back supports, and reduced lifting programs. The systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low back pain. There was a lack of documentation related to the injured worker's functional deficits to include range of motion values. In addition, the guidelines do not recommend lumbar support. Therefore, the prospective request for 1 lumbar support between 02/27/2014 and 06/03/2014 is non-certified.