

<b>Case Number:</b>	CM14-0051987		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 36-year-old male who reported an injury on 02/02/2013 after being hit by a piece of drywall causing a backwards fall that reportedly caused injury to his low back, left shoulder, left hand and neck. The injured worker's treatment history included multiple medications, physical therapy, chiropractic care, acupuncture, and injection therapy. The injured worker was evaluated on 01/02/2014. It was noted that a medial branch block to the bilateral L4-L5, L5-S1 for diagnostic purposes to determine the appropriate therapeutic rhizotomy have been requested. The injured worker underwent medial branch blocks on 01/31/2014. The injured worker was evaluated on 02/07/2014. It was noted that the injured worker had approximately 70% relief and an increase in activity level resulting from the medial branch blocks. The injured worker was again evaluated on 03/03/2014. It was documented that the injured worker had persistent neck and low back pain complaints rated at a 6 out of 10. It was documented that the patient's medications included Norco 5/325 mg and Lidopro cream which provided an increase in his ability to walk and approximately 50% pain relief. Physical findings included restricted range of motion secondary to pain with tenderness to palpation of the lumbar spine at the L4-L5, and L5-S1 facets. Positive facet loading at the L4-L5 and L5-S1. A request was made for a lumbar facet rhizotomy at the L4-L5 and L5-S1, a medication blood draw and a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lidopro topical ointment #4 oz: Upheld**

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

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

**Decision rationale:** The requested Lidopro topical ointment, 4 ounces is not medically necessary or appropriate. The requested medication is a topical compounded medication that contains capsaicin, lidocaine, menthol and methyl salicylate. The California MTUS Guideline does recommend the use of menthol and methyl salicylate for osteoarthritic related pain. However, the use of capsaicin should be limited to injured workers who have failed all other first line treatments included anticonvulsants and antidepressants. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line medications. Additionally, the medication includes lidocaine. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule recommends any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested 1 prescription of Lidopro topical ointment, 4 ounces is not medically necessary or appropriate.

**1 rhizotomy bilaterally at the L4-5 and L5-S1 facet joints:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The requested Rhizotomy bilaterally at the L4-L5 and L5-S1 is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends a rhizotomy for patients who have an appropriate response to diagnostic medial branch blocks. Official Disability Guidelines recommend that an appropriate response is considered at least 70% pain relief duration of the anesthetic and with documented functional increases. The clinical documentation submitted for review does provide that the patient had 70% pain relief or over 70% pain relief on the day of the injection with an increase ability to walk. The patient has well documented facet mediated pain and an appropriate response to a medial branch block at the requested levels. A rhizotomy would be indicated in this clinical situation. As such, the request to perform a rhizotomy bilaterally at the L4-L5, L5-S1 facet joints is medically necessary and appropriate.

**1 medication lab panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43 Page(s): 43.

**Decision rationale:** The requested 1 medication lab panel is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend that patients on chronic opioid therapy be regularly monitored for aberrant behavior. However, there is no clinical justification for the need for an invasive blood draw versus a urine drug screen. The California Medical Treatment Utilization Schedule does recommend urine drug screens be used to monitor injured workers for compliance. There are no exceptional factors noted to support extending treatment beyond that recommendation. As such, the requested 1 medication lab panel is not medically necessary or appropriate.