

Case Number:	CM14-0075828		
Date Assigned:	07/16/2014	Date of Injury:	11/28/2012
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in 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 44-year-old female who reported an injury on 11/28/12; she sustained an injury to her lower back picking chili peppers. The injured worker's treatment history included CT scan, x-ray, medication, epidural injections, EMG/NCV studies, and surgery. The injured worker was evaluated on 6/6/14 and it was documented that she had low back pain had increased, and her left foot symptoms had continued with stabbing, burning, and numbness in the dorsal and plantar aspect of the foot. Foot symptoms began a few weeks following surgery and continued currently. She had undergone a transforaminal epidural injection on 5/23/14. Her left paraspinal and left buttocks pain, as well as the left dorsal pain improved for approximately three days before symptoms returned. The provider noted her current pain level was rated an 8-9/10 on the VAS scale. Physical examination of the lumbar spine revealed there was palpable tenderness over the left lumbar paravertebral musculature, midline lumbar spine, left sacroiliac joint, and left sciatic notch. Dorsalis pedis, posterior tibial pulses were present, and there was decreased sensation over the left L4, L5, and S1 dermatome distributions. Range of motion flexion was 25 degrees, extension 5 degrees, left lateral bend 20 degrees, and right lateral bend was 15 degrees. Medications included Norco 10/325 mg, Lyrica, and Ambien. The provider noted she will require an LSO brace, pneumatic intermittent compression device, postoperative physiotherapy 3 times a week for 6 weeks, and preoperative medical clearance and chest x-ray. Diagnoses included Lytic spondylolisthesis L5-S1, left L5 radiculopathy secondary to foraminal seroma, postoperative L5-S1 transforaminal lumbar interbody fusion, L5-S1 stenosis, status post L5-S1 transforaminal lumbar interbody fusion, posterior spinal implementation and fusion, and Gil laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch #30 w/2 RF:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documents submitted on 6/16/14 indicated the injured worker was post-operative of surgery and will start post-operative physiotherapy. There was no documentation of failure of oral medications. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request is not medically necessary.