

Case Number:	CM14-0195248		
Date Assigned:	12/10/2014	Date of Injury:	08/01/2007
Decision Date:	01/21/2015	UR Denial Date:	10/19/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 1, 2007. In a Utilization Review Report dated October 19, 2014, the claims administrator failed to approve a request for Mirapex and topical Lidoderm patches. The claims administrator stated that its decision was based on a September 30, 2014 progress note and an October 10, 2014 RFA form. The applicant had undergone earlier ankle surgery, had residual complaints of low back pain, had residual issues with restless legs syndrome, and reportedly had issues with residual lumbar spasms, the claims administrator posited. The claims administrator stated that he was denying Mirapex on causation grounds, stating that this medication was "not casually related to the work-related injury." The claims administrator did not incorporate any guidelines into its rationale, but stated at the bottom of the report that its decision was based on non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines. Again, however, neither set of Guidelines was incorporated into the report rationale. The applicant underwent a lumbar medial branch block radiofrequency rhizotomy procedure on October 27, 2014. On September 30, 2014, the applicant reported ongoing complaints of low back pain and right thigh pain. The applicant exhibited a guarded gait. SI joint tenderness was noted. The applicant was given diagnoses of ankle internal derangement, sacroiliitis, restless legs syndrome, and chronic low back pain. A sacroiliac joint radiofrequency rhizotomy procedure, 12 sessions of manipulative therapy, massage therapy, Mirapex, and topical Lidoderm patches were endorsed. It was stated that the request for Mirapex and Lidoderm patches represented renewal or continuation prescriptions. The applicant was placed off of work, on total temporary disability. The progress note did not incorporate any explicit discussion of medication efficacy. The applicant had undergone carpal tunnel release surgery, the treating provider had posited, at an unspecified point in time. In an earlier progress

note dated April 22, 2014, the applicant was given work restrictions in which treating provider acknowledged were effectively resulting in her removal from the workplace. Lidoderm patches were reportedly refilled on this occasion. The applicant was then given diagnoses of chronic low back pain, history of ankle internal derangement, and sacroiliitis. The applicant stated that she was unable to return to work owing to her ongoing pain complaints. On July 29, 2014, the attending provider again placed the applicant off of work, on total temporary disability while Mirapex and Lidoderm were renewed, again without any explicit discussion of medication efficacy. The applicant did state, however, that her pain was becoming "more problematic," with more frequent flare-ups evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, www.odg-twc.com; Section: Low Back and ACOEM-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no explicit statement that the applicant has failed anticonvulsant adjuvant medications and/or antidepressant adjuvant medications prior to introduction, selection and/or ongoing usage of Lidoderm patches. It is further noted that ongoing usage of Lidoderm patches has failed to generate any significant benefit to date. The applicant remains off of work, on total temporary disability; it was suggested on several occasions, referenced above. The attending provider has written on several other occasions that the applicant's pain complaints are getting progressively worsening over time. For instance, the applicant was described on September 30, 2014 as reporting constant, squeezing low back pain radiating to the right leg. On July 29, 2014, the applicant stated that her pain is becoming more problematic, with increasingly frequent flare-ups evident. On April 22, 2014, the applicant continued to report issues with gait disturbance secondary to pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request was not medically necessary.

Mirapex 1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: www.odg-twc.com

twc.com; Section: Low Back and ACOEM-<https://www.acoempracguides.org/Low Back>; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Mirapex Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Mirapex usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that it is incumbent upon a prescribing provider to incorporate some discussion of "efficacy of medication" into his choice of recommendations. In this case, the attending provider has not clearly stated for what purpose Mirapex is being employed. The attending provider has not clearly outlined any evidence of functional benefit with ongoing Mirapex usage. The fact that the applicant remains off of work, on total temporary disability, despite ongoing usage of Mirapex does not make a compelling case for continuation of the same, nor does the applicant's complaints of continued gait disturbance and heighten pain complaints from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mirapex. Furthermore, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) label on Mirapex notes that Mirapex is indicated in the treatment of idiopathic Parkinsonism and/or restless legs syndrome. In this case, however, all information on file points to the applicant's carrying a primary diagnosis of chronic low back pain with associated right lower extremity radicular complains. It does not appear that restless legs syndrome or Parkinsonism are the operating diagnoses here, based on the attending provider's description of the applicant's clinical presentation. Therefore, the request was not medically necessary.