

Case Number:	CM14-0204754		
Date Assigned:	12/17/2014	Date of Injury:	03/19/2010
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal 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 injured worker (IW) is a 69-year-old woman with a date of injury of March 19, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are low back pain; thoracic or lumbosacral neuritis or radiculitis, unspecified; and disorders of sacrum. Pursuant to a progress note dated October 28, 2014, the IW complains of mid to low back pain with numbness radiating into the buttocks and hip, and from the right calf to the foot. Pain was rated 6-7/10. Medication include Lidoderm patch, Hydrocodone/APAP, Tylenol #3, Baclofen, Benadryl, Meloxicam, and Nortriptyline. Physical examination revealed an antalgic gait. She had lumbar spine tenderness over the left greater than right sacroiliac joint. She noted decreased sensation over the right L5 dermatome. Ankle reflexes were absent. Strength was 5/5. Straight leg raise tests were negative bilaterally. Recommendations were for repeat radiofrequency ablation at L4-L5, Lidoderm patches, and a follow-up visit. Documentation indicates the IW has been using Lidoderm patches since May of 2014, according to a progress note with the same date. There were no detailed pain assessments of evidence of objective functional improvement associated with the use of Lidoderm patches. The treating physician reports the IW had an L4-L5 radiofrequency ablation in February 2014 with significant improvement, upwards of 50-60%. Results lasted for approximately 6 months, but have begun to return. Pursuant to a progress note dated August 28, 2014, the provider reports the IW failed to receive benefit from her prior lumbar radio frequency ablation. She underwent an epidural steroid injection, which provided 20% relief of symptoms. In a subsequent progress report dated May 13, 2014, the documentation indicates the IW had approximately 4 weeks of relief then her symptoms returned. The current request is for repeat radiofrequency ablation at L4-L5 with [REDACTED], and Lidoderm 5% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patches #60 are not medically necessary. Topical allergies occur largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after evidence of a trial of first line therapy with tri-cyclic or AEDs. Lidoderm topical patches are not recommended for non-neuropathic pain. In this case, the injured worker's working diagnoses are neurogenic bladder; sexual dysfunction; industrial adjustment disorder; industrial pain disorder; chronic low back pain; bilateral lumbar radiculopathy; L4 - L5 S1 instability with grade 2 spondylolisthesis and cervical instability C4 - C5, C5 - six, C6 - C7. The documentation indicates the Lidoderm patches "help with low back pain" indicated in August 28, 2014 progress note. Lidoderm is indicated for neuropathic pain. It is not indicated for non-neuropathic pain. There are no specific clinical indications documented in the medical record. The earliest progress note in the medical record indicates Lidoderm was first prescribed in May 2014. It is unclear whether this is a refill or a new prescription. There was no documentation containing evidence of objective functional improvement. Consequently, absent the appropriate clinical indication for Lidoderm patches and clinical evidence of objective functional improvement, Lidoderm 5% patches #60 are not medically necessary.

Repeat Radiofrequency Ablation at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Radiofrequency Ablation

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, repeat radiofrequency ablation at L4-L5 is not medically necessary. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary pain relief. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines indicate a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12

weeks at equal to or greater than 50%. The current literature does not support that the procedure is successful without sustained pain relief (generally at least six months duration). In this case, the injured worker's working diagnoses are neurogenic bladder; sexual dysfunction; industrial adjustment disorder; industrial pain disorder; chronic low back pain; bilateral lumbar radiculopathy; L4 - L5 S1 instability with grade 2 spondylolisthesis and cervical instability C4 - C5, C5 - six, C6 - C7. A progress note dated August 28, 2014 indicates the injured worker failed to receive benefit from her lumbar radiofrequency ablation. Lumbar epidural injection provided 20% relief of symptoms. In a subsequent progress note dated May 13 of 2014, the documentation indicates the injured worker had approximately 4 weeks of relief and her symptoms returned. The guidelines indicate a neurotomy should not be repeated unless the improvement from the first procedure is documented for at least 12 weeks at greater to work equal than 50% with sustained pain relief at least six months. The injured worker had no response from e first and a second procedure at four weeks with return of symptoms. The documentation does not provide evidence of sustained relief. Consequently, absent the appropriate clinical response pursuant to the guidelines, radiofrequency ablation at L4 - L5 is not medically necessary.