

Case Number:	CM15-0007334		
Date Assigned:	01/26/2015	Date of Injury:	12/11/2009
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 December 11, 2009. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for Lidoderm patches, tramadol, and a pain management consultation for possible lumbar epidural steroid injection. The claims administrator partially approved a request for acupuncture, denied a request for pain management consultation with associated epidural steroid injection. A December 4, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log/medical index log suggested that progress notes ranging between 2009 and 2014 were furnished. In a December 23, 2014 RFA form, chiropractic manipulative therapy, acupuncture, laboratory testing, x-rays, and tizanidine were endorsed. In an associated progress note of the same date, December 23, 2014, the applicant had apparently transferred care to a new primary treating provider. The applicant was status post earlier failed lumbar spine surgery, it was stated. Work restrictions were endorsed, although it was not clearly stated whether the applicant was or was not working with said limitations in place. On December 4, 2014, Lidoderm, tramadol, a pain management consultation, and treatment to include possible epidural steroid injections were endorsed, along with 12 sessions of acupuncture. A 7/10 multifocal complaints of shoulder, arm, and low back pain were reported. Permanent work restrictions were renewed. It was not clearly established whether the applicant was or was not working with said limitations in place, although this did not appear to be case. The request for Lidoderm and tramadol did represent medication refills, it was

acknowledged. No discussion of medication efficacy transpired on this date. The attending provider did allude to an earlier lumbar MRI of February 11, 2014, notable for degenerative disk disease at L4-L5 and L5-S1, and earlier electrodiagnostic testing of May 17, 2011 suggestive (but not conclusive) for mild S1 radiculopathy. It was not stated whether the applicant has or had not had previous epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, quantity: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical NSAIDS (Non-Steroidal Anti-Inflamma.

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 Lidocaine 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 mention of antidepressant adjuvant medication failure and/or anti-convulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of Lidoderm patches. Therefore, the request was not medically necessary.

Pain management consultation and treatment, lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary last updated 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction section. Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has ongoing complaints of low back pain, which has seemingly proven recalcitrant to time, medications, physical therapy, acupuncture, topical agents, etc. Obtaining the added expertise of the pain management physician to determine the applicant's suitability for epidural steroid injection therapy, thus, was/is indicated. Therefore, the request was/is medically necessary.

2 Refills of Tramadol 50mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: The request in question represents a renewal request for tramadol. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly identified, suggesting that the applicant was not working. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The attending provider's progress note of December 2014 failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Lumbar epidural spinal injections, levels unspecified: 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 Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that evidence of radiculopathy should be radiographically and/or electrodiagnostic confirmed. Here, however, earlier electrodiagnostic testing of May 17, 2011, in addition to being quite dated, was not conclusive for a radiculopathy. Lumbar MRI imaging of February 11, 2014, likewise did not definitively establish active diagnosis of lumbar radiculopathy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, in this case, the attending provider did not clearly state that the block in question were intended for diagnostic effect. The attending provider did not, furthermore, specify levels at which the block in question was being proposed. Therefore, the request was not medically necessary.