

Case Number:	CM15-0100722		
Date Assigned:	06/03/2015	Date of Injury:	09/19/2003
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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, Florida, 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 injured worker is a 71 year old female who sustained an industrial injury on September 19, 2003. He has reported low back pain radiating down the right leg and has been diagnosed with spinal stenosis lumbar, post lumbar laminectomy syndrome, and hip pain. Treatment has included surgery, medications, and injections. Range of motion of the lumbar spine were restricted with flexion limited to 30 degrees limited by pain and extension limited to 10 degrees limited by pain. On palpation, paravertebral muscles showed tenderness and tight muscle band was noted on both the sides. Tenderness no over the right gluteus medius and formis show significant tenderness and trigger points. The right hip range of motion is restricted with flexion limited to 70 degrees limited by pain and internal rotation limited to 5 degrees limited by pain. Tenderness was noted over the trochanter and right IT band. Straight leg raising test was positive on the right side. The treatment request included topical medication and brace for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% patch (700mg patch); one qd Quantity: 30 Refills: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This claimant was injured back in 2003. There was low back pain and issues. The request is for a topical medicine. There is no mention of GI issues impacting oral medicine administration, or failure of first-line medicines. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS and is not medically necessary.

Durable Medical Equipment: Quinn Sleep-APL brace, for the lumbar spine Quantity: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is appropriately not certified or medically necessary.