

Case Number:	CM15-0139597		
Date Assigned:	07/29/2015	Date of Injury:	03/18/1999
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on 03-18-1999. On provider visit dated 06-09-2015 the injured worker has reported worsening sciatic type symptoms over the course of the last two and a half months. On examination, extension was limited and was noted to increase back, buttocks and thigh pain. Deep tendon release was noted to be intact and symmetrical, normal sensation to light touch in all dermatomes were noted. Left sided straight leg raise was positive on the left with sciatic pain. The diagnoses have included sciatic. Treatment to date has included Ibuprofen, Lidoderm patch and back brace. The provider requested durable medical equipment (DME) of lumbar support brace and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) lumbar support brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: CA MTUS/ACOEM only recommends lumbar supports for fractures, spondylolithesis or documented instability of the LS spine. It also states there is no support for these braces use on a long-term basis. Lumbar supports are not recommended beyond the acute phase of symptoms. The patient's injury was 16 years ago. The patient does not have the above clinical issues requiring a brace. Therefore, the request is deemed not medically necessary.

Lidoderm patch 5%, #2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case the patient's chronic neuropathic pain is being controlled with Neurontin and there is no justification presented for the use of Lidoderm patches. The medical records state that the patient has benefited from periodic use of the Lidoderm patches; however they are being used on a "very sparing basis." Thus, the medical necessity of the lidoderm patches is not established.