

Case Number:	CM15-0148601		
Date Assigned:	08/11/2015	Date of Injury:	06/12/2014
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on 6-12-14. In a periodic report dated 6-17-15, the physician notes the injured worker reports his pain is getting worse. It is rated 6 out of 10 and constant. Current medications are Lidoderm Patch, Tramadol, Naproxen, and Nortriptyline. He does report constipation. He is in physical therapy. Gait is mildly antalgic. There is tenderness to palpation in lumbar paraspinals. Lumbar range of motion is painful on extension and increased with lumbar facet stress test. Straight leg test is positive on the left. Decreased sensation is noted in the left L5-S1 distribution. The impression is lumbar facet arthropathy and left lumbar radiculitis. He has started aqua therapy and notes it to be helpful. He complains of constipation and is taking Tramadol. He will start on Lactulose. Work status is that he has been off of work as the employer cannot meet his work restrictions. He went to the emergency room due to a flare up of pain. He uses a cane and a walker when his pain flares up. Previous treatment includes left L5-S1 transforaminal epidural injection 1-7-15 which gave him 3 months of pain relief, at least 15 aqua therapy sessions, Norco, Lidocaine Patches, Ultracet, Gabapentin, Nortriptyline, Anaprox, and lumbar MRI 7-28-14. The requested treatment is lumbar medial branch block bilateral L3-L4, L4-L5 under fluoroscopic guidance, Lidocaine patch 4 percent #10 with no refill, and Lactulose 50ml with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medical branch block bilateral L3-L4, L4-5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Medial branch block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, left medial branch block bilateral L3-L4 and L4-L5 under fluoroscopy guidance is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured workers working diagnoses are lumbar facet arthropathy; and left lumbar radiculitis. The date of injury is June 12, 2014. Request for authorization is June 23, 2015. According to a June 17, 2015 progress note, the injured worker has ongoing low back pain and left leg pain with a pain score 6/10. Objectively, there is tenderness to palpation lumbar spine with an antalgic gait. Motor function is normal and sensory examination shows a decrease sensation L5-S1. The documentation shows objective decreased sensation in the lower extremity with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy. The injured worker had a follow-up examination/evaluation with an orthopedic surgeon with recommended a microdiscectomy. There is no clinical indication for a medial branch blocks as the pain generator has been identified. Additionally, with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy, a medial branch block is not clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a positive diagnostic response to previous epidural steroid injection and the identification of a pain generator, L3-L4 and L4-L5 under fluoroscopy guidance is not medically necessary.

Lidocaine patch 4% #10 with no refill: Upheld

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

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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 4% patch #10 with no refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety.

They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are lumbar facet arthropathy; and left lumbar radiculitis. The date of injury is June 12, 2014. Request for authorization is June 23, 2015. According to a June 17, 2015 progress note, the injured worker has ongoing low back pain and left leg pain with a pain score 6/10. Objectively, there is tenderness to palpation lumbar spine with an antalgic gait. Motor function is normal and sensory examination shows a decrease sensation L5-S1. The documentation shows objective decreased sensation in the lower extremity with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy. The injured worker had a follow-up examination/evaluation with an orthopedic surgeon with recommended a microdiscectomy. There is no clinical indication for a medial branch blocks as the pain generator has been identified. Additionally, with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy, a medial branch block is not clinically indicated. There are no subjective or objective neuropathic findings documented in the record. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Consequently, absent clinical documentation with neuropathic symptoms and signs and failed first-line treatment with antidepressants and anticonvulsants, lidocaine 4% patch #10 with no refills is not medically necessary.

Lactulose 50ml with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682338.html>.

Decision rationale: Pursuant to Medline plus, lactulose 50ml with five refills is not medically necessary. Lactulose is a synthetic sugar used to treat constipation. It is broken down in the colon into products that pull water out from the body and into the colon. This water softens stools.

Lactulose is also used to reduce the amount of ammonia in the blood of patients with liver disease. It works by drawing ammonia from the blood into the colon where it is removed from the body. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; and left lumbar radiculitis. The date of injury is June 12, 2014. Request for authorization is June 23, 2015. According to a June 17, 2015 progress note, the injured worker has ongoing low back

pain and left leg pain with a pain score 6/10. Objectively, there is tenderness to palpation lumbar spine with an antalgic gait. Motor function is normal and sensory examination shows a decrease sensation L5-S1. The documentation shows objective decreased sensation in the lower extremity with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy. The injured worker had a follow-up examination/evaluation with an orthopedic surgeon with recommended a microdiscectomy. There is no clinical indication for a medial branch blocks as the pain generator has been identified. Additionally, with a positive diagnostic response to a previous epidural steroid injection consistent with radiculopathy, a medial branch block is not clinically indicated. There are no subjective or objective neuropathic findings documented in the record. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. The documentation states Ultracet is being weaned/tapered. Lactulose is being started for ongoing chronic constipation. Although lactulose is indicated for chronic constipation, five refills while weaning the offending opiate are not clinically indicated. Consequently, absent compelling clinical documentation for lactulose with five refills, lactulose 50 ml with five refills is not medically necessary.