

Case Number:	CM15-0165754		
Date Assigned:	09/03/2015	Date of Injury:	11/22/1980
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old male sustained an industrial injury on 11-22-80. He subsequently reported back pain. Diagnoses include lumbar or lumbosacral intervertebral disc disorder. Treatments to date include MRI testing, physical therapy, injections and prescription pain medications. The injured worker has continued complaints of low back pain. Upon examination, there was tenderness to palpation over the lumbar paraspinals. Trigger points were noted in the lumbar spine. Lumbar range of motion was reduced due to pain. A request for Retrospective review of Injection - 2% Lidocaine bilat lumbar paraspinal ligaments L2-L3, L3-L4, L5-S1, DOS: 06/12/15, Retrospective review of Lidocaine Pad 5% #30 and Retrospective review of Toradol injection, DOS: 07/16/15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Injection - 2% Lidocaine bilat lumbar paraspinal ligaments L2-L3, L3-L4, L5-S1, DOS: 06/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy.

Decision rationale: The patient presents on 06/12/15 with lower back pain rated 4-5/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/22/80. Patient has no documented surgical history directed at this complaint. The request is for Retrospective review of injection - 2% lidocaine bilat lumbar paraspinal ligaments L2-L3, L3-L4, L5-S1, DOS 06/12/15. The RFA was not provided. Physical examination dated 06/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with six trigger points noted and positive straight leg raise test bilaterally. The patient is currently prescribed Robaxin and Tylenol. Patient's current work status is not provided. MTUS Guidelines, Prolotherapy Section, page 99-100 has the following: "Not recommended. Prolotherapy describes a procedure for strengthening lax ligaments by injecting proliferating agents/sclerosing solutions directly into torn or stretched ligaments or tendons or into a joint or adjacent structures to create scar tissue in an effort to stabilize a joint. Agents used with prolotherapy have included zinc sulfate, psyllium seed oil, combinations of dextrose, glycerin and phenol, or dextrose alone. "Proliferatives" act to promote tissue repair or growth by prompting release of growth factors, such as cytokines, or increasing the effectiveness of existing circulating growth factors. Prolotherapy has been investigated as a treatment of various etiologies of pain, including arthritis, degenerative disc disease, fibromyalgia, tendinitis, and plantar fasciitis. In all studies the effects of prolotherapy did not significantly exceed placebo effects." In this case, the provider is requesting retrospective approval for what appears to be a set of Prolotherapy injections to the lumbar spine using Lidocaine. Per 06/12/15 progress note: "... the patient was injection in the bilateral lumbar paraspinal ligaments of the L2-L3, L3-L4, L5-S1. The 2 percent lidocaine without epinephrine was tolerated well." Utilization review non-certified this request citing guidelines for trigger point injections, however this is not a series of trigger point injections and the most pertinent guidelines for this procedure fall under Prolotherapy. While this patient presents with significant ongoing lower back pain unresolved by conservative measures, ligament injections of this nature are not supported by guidelines as an appropriate treatment modality. Owing to a lack of guideline support for these injections, this treatment cannot be substantiated. The request is not medically necessary.

Retrospective review of Lidocaine Pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The patient presents on 06/12/15 with lower back pain rated 4-5/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/22/80. Patient has no documented surgical history directed at this complaint. The request is for Retrospective review of lidocaine pad 5% #30. The RFA was not provided. Physical examination dated 06/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with six trigger points noted and positive straight leg raise test bilaterally. The patient is currently prescribed Robaxin

and Tylenol. Patient's current work status is not provided. MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "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.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain recommended for localized peripheral pain." In regard to the request for Lidocaine pads for this patient's chronic lower back pain with a radicular component, this medication is not supported for this patient's chief complaint. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain with a radicular component, not a localized neuropathic pain amenable to Lidocaine patches. Without evidence of an existing condition for which topical Lidocaine is considered an appropriate treatment, continuation of this topical medication cannot be substantiated. Therefore, the request is not medically necessary.

Retrospective review of Toradol injection, DOS: 07/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents on 06/12/15 with lower back pain rated 4-5/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/22/80. Patient has no documented surgical history directed at this complaint. The request is for Retrospective review of toradol injection DOS: 07/16/15. The RFA was not provided. Physical examination dated 06/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with six trigger points noted and positive straight leg raise test bilaterally. The patient is currently prescribed Robaxin and Tylenol. Patient's current work status is not provided. MTUS Guidelines, NSAIDs, specific drug list & adverse effects section, pg.72, under Ketorolac has the following: "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." In regard to the request for an IM injection containing Toradol for this patient's chronic pain, such injections are not indicated for chronic pain conditions and there is no discussion of acute flare-up for which IM Toradol could be considered appropriate. The records provided indicate that the provider regularly utilizes Toradol injections for this patient, noting their performance on 06/12/15 and 07/16/15. While this patient presents with significant pain complaints, IM Toradol is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or injury, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.