

Case Number:	CM15-0180837		
Date Assigned:	09/22/2015	Date of Injury:	02/10/2015
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 50 year old male, who sustained an industrial injury on 2-10-15. The injured worker was diagnosed knee injury, knee sprain-strain, tibial plateau closed fracture. The request for authorization is for: one prescription of Lidopro cream 121gm, one magnetic resonance imaging of the lumbar spine, and one prescription of Diclofenac ER 100mg quantity 60. The UR dated 8-13-15: non-certified the request for one prescription of Lidopro cream 121gm, one magnetic resonance imaging of the lumbar spine; and certified the request for one prescription of Diclofenac ER 100mg quantity 60. On 8-3-15, he reported low back pain. The provider noted increased lumbar and right knee range of motion and muscle strength. On 8-7-15, he reported right knee pain rated 4 out of 10, low back pain rated 4 out of 10. He indicated his low back pain to radiate into the right buttocks and denied numbness of the lower extremities. His medications are listed as Tylenol, naproxen, and topical lidopro. Physical findings revealed a well-healed right knee surgical scar, good pedal pulses and a negative Hoffman test. There is notation of a lumbar magnetic resonance imaging review the provider indicated showed L5-S1 disc degeneration with slight retrolisthesis of Lt and left paracentral 5mm disc extrusion with slight impingement of the left S1 nerve, arthropathy with endplate bone spurs and sort pedicles causing mild to moderate neural foraminal narrowing". A magnetic resonance imaging of the lumbar spine report dated 8-4-15 is included in the medical records. The records do not discuss the efficacy of the Lidopro cream. The treatment and diagnostic testing to date has included: right knee surgery (2-10-15), medications, right knee x-rays, right tibial fracture repair (2-12-15), blood work, hospitalization (2-10-15 to 2-15-15), physical therapy, electrodiagnostic studies (7-

20-15), magnetic resonance imaging of the lumbar (8-4-15), right knee CT scan (2-11-15), and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidopro cream 121 gm: 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): Topical Analgesics.

Decision rationale: The current request is for 1 prescription of lidopro cream 121 gm. Treatment history includes ORIF for open tibial plateau fracture on 02/12/15, crutches, knee brace, physical therapy and medications. The patient is not working. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per report 08/03/15, the patient presents with low back and right knee pain. The patient reports that the low back pain radiates into the right buttocks. The patient has been prescribed LidoPro topical since 04/06/15. In this case, the treater has provided no discussion regarding where the LidoPro topical is to be applied, and there is no discussion regarding medication efficacy. More importantly, the requested topical contains Lidocaine, which is not supported for topical use in lotion/gel/cream form, per MTUS. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The current request is for MRI of the lumbar spine. Treatment history includes ORIF for open tibial plateau fracture on 02/12/15, crutches, knee brace, physical therapy and medications. The patient is not working. MTUS/ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." Per report 08/03/15, the patient presents with low back and right knee pain. The patient reports that the low back pain radiates into the right buttocks. Examination of the lumbar spine revealed 4/5 strength in the bilateral lower extremities. The patient had an EMG/NCS of the bilateral

lower extremities which revealed evidence most consistent with lumbar radiculopathy on the right side. It appears that the treater went ahead with the lumbar MRI prior to approval. MRI dated 08/04/15 revealed L5-S1 disc degeneration with slight retrolisthesis of left, there is left paracentral 5mm disc extrusion with slight impingement of the left S1 nerve, arthropathy with endplate bone spurs and sort pedicles causing mild to moderate neural foraminal narrowing. There is no indication of prior imaging of the lumbar spine. The patient presents with low back pain that radiates into the lower extremities, with abnormal findings on the EMG/NCV. An MRI at this juncture is supported by MTUS. The requested MRI is medically necessary.