

Case Number:	CM15-0181568		
Date Assigned:	09/22/2015	Date of Injury:	10/24/2013
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/15/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 24, 2013. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for Lidoderm patches and a piriformis injection. The claims administrator referenced an August 26, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 26, 2015 office visit, the applicant reported ongoing complaints of low back pain. An epidural steroid injection was sought. Lidoderm patches to the piriformis muscle region were endorsed. The applicant was on Motrin and gabapentin, it was stated toward the top of the note. The applicant's work status was not stated; the work status section of the note was conspicuously absent. The attending provider sought authorization for an L4-L5 epidural steroid injection in conjunction with a piriformis injection. In a separate work status report dated August 5, 2015, the applicant was placed off of work, on total temporary disability. Gabapentin was endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches quantity requested: 90: 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: No, the request for 90 Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches in question as of the date of the service in question, August 26, 2015. Therefore, the request was not medically necessary.

Left piriformis muscle injection quantity requested: 1: 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) Treatment in Workers' Comp, 9th edition (web).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for a left piriformis muscle injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, injections of corticosteroids or local anesthetics or both should be reserved for applicants who do not improve with more conservative therapies as injections can weaken tissues, predispose to injury, mask symptoms, and/or inhibit long-term solutions to an applicant's problems. Here, the attending provider failed to furnish a clear or compelling rationale for selection of a piriformis injection in the face of the tepid-to-unfavorable position on the same set forth in the MTUS Guideline in ACOEM Chapter 3, page 48. The attending provider's August 26, 2015 progress note did not, furthermore, clearly state why he believed the applicant's pain complaints were in fact emanating from the piriformis region. The attending provider's concomitant requests for both a piriformis injection and an epidural steroid injection, moreover, suggested that the attending provider failed to uncover a clear pain generator here. Therefore, the request was not medically necessary.