

<b>Case Number:</b>	CM15-0203060		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/01/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 51 year old female who sustained an industrial injury on 10-1-05. A review of the medical records indicates she is undergoing treatment for chronic pain syndrome, low back pain, lumbar discogenic pain, lumbar radiculitis, lumbar facet pain, myofascial pain, neck pain, cervical degenerative disc disease, cervical discogenic pain, possible cervical radiculitis, carpal tunnel syndrome as shown on nerve study, bilateral ulnar nerve pain as show by previous nerve study, left knee pain - status post medial meniscus repair, numbness, and joint effusion of the left knee. Medical records (9-17-15) indicate complaints of neck, low back, and left knee pain. She describes her neck pain and left knee pain as "aching" and her low back and left buttock pain as "aching and stabbing". She rates her pain "6 out of 10" without medications. She reports that Lidoderm patches are "helpful" and indicates that she wants to avoid narcotics. She states that she would like to use topical medications, as she "had a hard time in the past" with oral medications. The record indicates that she has had increased low back pain "for the past 3-4 months". An MRI of the lumbar spine was requested and denied authorization. The treating provider indicates that she has "tried and failed" Lyrica, Gabapentin, and antidepressants for nerve pain. The physical exam (9-17-15) reveals an antalgic gait. The lumbar spine has "5 out of 5" bilateral lower extremity strength. Sensation is "intact and equal". Tenderness is noted over the paraspinals and facet joints at bilateral L4-L5 and L5-S1, affecting the left more than the right. Increased pain is noted with extension. The straight leg raise is negative. The left knee has tenderness to palpation of the medial and lateral joint lines. McMurray's sign is positive. Range of motion is noted to be "full". Diagnostic studies have included an MRI of the cervical

spine on 8-4-14, a left knee x-ray on 6-18-15, and a left knee MRI on 9-11-15. Treatment has included chiropractic treatments for the neck, a home exercise program, use of heat and ice, and medications. Her medications include Lidoderm 5% patches, one patch 12 hours on, 12 hours off. The treatment recommendations include lumbar facet injections at left L4-5 and L5-S1, as well as continuation of Lidoderm patches. The utilization review (9-28-15) includes requests and denials for the lumbar facet injections and Lidoderm patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar facet injection with moderate sedation and fluoroscopic guidance L4-5, L5-S1:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of diagnostic blocks for facet mediated pain.

**Decision rationale:** The request is for lumbar facet injections at L4-L5, L5-S1. ACOEM Guidelines do not support facet injections and provide only very limited support for facet nerve blocks for treatment of injuries. The ODG states that facet joint injections are not recommended. Therefore, the request is not medically necessary or appropriate.

#### **Lidoderm 5% patches x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, the patient has failed first-line agents for chronic neuropathic pain (antidepressants, anti-epileptics). Topical Lidocaine is recommended for localized peripheral pain after failure of first-line agents. The FDA has only given approval for Lidoderm patches for postherpetic neuralgia, which is not present in this case. Further research is needed to recommend this treatment for chronic neuropathic pain. Therefore the request is not medically necessary or appropriate.