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| Case Number: | CM15-0216505 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 04/23/2014 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/27/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: 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 injured worker is a 52 year old female who sustained an industrial injury on 4-23-14. A review of the medical records indicates she is undergoing treatment for residuals of left shoulder impingement syndrome with partial rotator cuff and SLAP tears as well as biceps tendonitis - status post left shoulder arthroscopic subacromial decompression and acromioplasty and biceps tenotomy-tenodesis, compensatory right shoulder pain, and residuals of lumbar spondylosis - rule out right lumbar facet syndrome - rule out lumbar disc protrusion. Medical records (7-29- 15, 8-26-15, and 9-9-15) indicate ongoing complaints of low back pain that radiates to the bilateral lower extremities, affecting the left side greater than the right. The pain is associated with bilateral leg weakness, numbness, and tingling. She also complains of left shoulder pain. The physical exam (9-9-15) reveals limitation in range of motion of the lumbar spine. Lumbar facet maneuver is noted to be positive on the right. Lumbar paraspinal spasm is noted. Tenderness is noted at the L4-S1 midline. Bilateral straight leg raise causes hamstring tightness at 60 degrees. Patrick test causes right groin pain. Bilateral sacroiliac joint tenderness is noted. The provider indicates that the neurological exam reveals "grossly normal motor strength". Sensory exam is "intact". Diagnostic studies have included x-rays of the lumbosacral spine and an MRI of the lumbar spine on 8-15-14. Treatment has included medications, including Tylenol #3 and Voltaren gel. The provider indicates that a prescription for Lidoderm patches was given on 9-9-15. Other treatment has included chiropractic treatment. She is working modified duties. The utilization review includes requests for authorization of Lidoderm 5%, 1-2 patches x 12 hours daily as needed #30 x 2 refills, Topamax 25mg, 1 tablet daily #30 x 2 refills, and an MRI of the lumbar spine. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% apply 1-2 patches x 12 hours daily as needed #30 with 2 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): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5% apply 1-2 patches x 12 hours daily as needed #30 with 2 refills is determined to not be medically necessary.

Topamax 25mg take 1 tablet once daily #30 with 2 refills: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no evidence that the injured worker has failed with other anticonvulsants. The request for Topamax 25mg take 1 tablet once daily #30 with 2 refills is determined to not be medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, the injured worker had a previous MRI in 2014 although the results are not discussed in the available documentation. In this case, there is no clear evidence of nerve impairment or other red flags that would warrant an MRI at this time. The request for MRI of the lumbar spine is determined to not be medically necessary.