

Case Number:	CM15-0216882		
Date Assigned:	11/06/2015	Date of Injury:	10/04/2004
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 55-year-old male, with a reported date of injury of 10-04-2004. The diagnoses include lumbar herniated disc and lumbar spinal stenosis, right L4 radiculitis, L4-5 spinal stenosis, multilevel spinal stenosis, and degenerative disc disease. The medical report dated 10-19-2015 indicates that the injured worker complained of low back pain and right lower extremity pain. He rated his pain 2-5 out of 10 in intensity with medications; and 5-8 out of 10 without medications. It was noted that the injured worker felt that lying down helped his pain, and that he had increased pain with prolonged sitting, standing, walking, bending, lifting, and lying. It was also noted that the injured worker wanted to consider trying yoga. The physical examination showed no acute distress; tenderness to palpation over the bilateral L4-5 and L5-S1 lumbar paraspinals; pain with lumbar flexion and extension; positive bilateral straight leg raise; non-tender bilateral sacroiliac joints; an antalgic gait; reduced sensation in the right L4 dermatome; and normal heel and toe progression. There was documentation that the injured worker underwent an MRI of the lumbar spine on 06-14-2011 which showed an L5-S1 disc bulge, an L4-5 disc desiccation and loss of height, L3-4 disc desiccation in association with posterior facet arthropathy and ligamentum flavum hypertrophy causing mild stenosis, and L2-3 disc desiccation and disc bulge in association with facet arthropathy and ligamentum flavum hypertrophy causing mild canal stenosis. The diagnostic studies to date have included a urine drug screen on 08-24-2015 with consistent findings. Treatments and evaluation to date have included lumbar epidural steroid injection on 05-04-2015, Lortab, Meloxicam, and Tramadol. The request for authorization was dated 10-21-2015. The treating physician requested Lidopro

patches #15 and one yoga DVD. On 10-28-2015, Utilization Review (UR) non-certified the request for Lidopro patches #15 and one yoga DVD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches, Qty 15: 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: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved topical agents be utilized and any compound containing non approved agent(s) is not medically necessary. The Lidopro patch is a combination over the counter topical agents combined with a strength of Lidocaine that is specifically not supported by Guidelines. The over the counter agents have some support in Guidelines, but the blended combination with Lidocaine 4% does not. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro patches, Qty 15 is not supported by Guidelines and is not medically necessary.

██████████ (DVD), Qty 1: Overturned

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

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

Decision rationale: MTUS Guidelines are very supportive of continued activity and exercise in individuals with chronic pain. An independent program is recommended long term and Yoga is Guideline supported as a reasonable form of activity/exercise. There is adequate documentation that this individual is motivated enough to meet Guideline standards for at least a trial on an independent basis. The request is medically necessary.