

Case Number:	CM15-0217193		
Date Assigned:	11/06/2015	Date of Injury:	06/05/2001
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male with an industrial injury dated 06-05-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, and lumbar spinal stenosis. According to the progress note dated 09-29-2015, the injured worker reported low back pain with radiation down the left lower extremity. Pain level was 2-4 out of 10 on a visual analog scale (VAS) with medications. Pain level rated 3-4 out of 10 on a visual analog scale (VAS) without medications. The pain was rated as unchanged since his last visit. Objective findings (09-29-2015) revealed tenderness to palpitation in bilateral paravertebral at L4-S1, moderately limited range of motion of lumbar spine, increased pain with flexion and extension, and bilateral facet signs in lumbar spine. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine, topical analgesic medication (Lidoderm since at least July of 2014), unknown number of chiropractic treatments, lumbar orthosis and periodic follow up visits. The treating physician reported that the injured worker has completed 4 weeks of chiropractic therapy and reported improved pain control and functional improvement. Treatment plan included additional chiropractic treatment, continue home exercise program, medication management, weight loss program, replacement of lumbar orthosis and follow up appointment. The utilization review dated 10-22-2015, non-certified the request for Lidoderm 5% patch #60 with 5 refills, lumbar orthosis, and continuation chiropractic therapy 1-2 times monthly for the next 3 months for the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation chiropractic therapy 1-2 times monthly for the next 3 months for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Continuation chiropractic therapy 1-2 times monthly for the next 3 months for the lumbar spine is not medically necessary per the MTUS Guidelines. The MTUS states that for the low back chiropractic care is recommended as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Maintenance care is not medically necessary. For recurrences/flare-ups there is a need to re-evaluate and if return to work is achieved then 1-2 visits every 4-6 months is appropriate. The documentation is not clear on how many prior chiropractic visits the patient has had. The MTUS does not support maintenance care and the request exceeds the recommended 1-2 visits every 4 months for flare ups. Without clarification of how many prior visits of chiropractic therapy this patient has had this request is not medically necessary.

Lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Low Back Complaints 2004, Section(s): Work-Relatedness.

Decision rationale: Lumbar orthosis is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar support is not medically necessary.

Lidoderm 5% patch #60 with 5 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 5% patch #60 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The MTUS does not support continuation of medications without functional improvement therefore a request for 5 refills of this medication is not appropriate. For these reasons the request for Lidoderm Patch 5% with 5 refills is not medically necessary.