

Case Number:	CM15-0223432		
Date Assigned:	11/19/2015	Date of Injury:	04/06/2009
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 4-6-2009. A review of the medical records indicates that the injured worker is undergoing treatment for sciatica and lumbar region intervertebral disc degeneration. On 10-13-2015, the injured worker reported left low back pain, left thigh, and left leg pain associated with left leg numbness, rated as 9 out of 10 with 10 being the worst imaginable, improved since the last visit when it was 10 out of 10. The Primary Treating Physician's report dated 10-13-2015, noted the injured worker's current medications included Ibuprofen, Topamax, and Zoloft. The injured worker was noted to have received a Toradol injection, tolerating the procedure well. The Physician noted the injured worker had increasing low back pain and left lumbar radicular signs and symptoms with decreased sensation over the anterior thigh and diminished patellar reflex on the left side as well as positive straight leg raise on examination. The treatment plan was noted to include a lumbar spine MRI and a prescription for Lidoderm patches. The injured worker's work status was noted to be off work until re-evaluation. The request for authorization dated 10-20-2015, requested Lidoderm patch 5% #30, a MRI of the lumbosacral spine, and a Toradol injection (DOS 10-13-2015). The Utilization Review (UR) dated 10-26-2015, denied the requests for Lidoderm patch 5% #30, a MRI of the lumbosacral spine, and a Toradol injection (DOS 10-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics. Decision based on Non- MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm#TreatmentProtocols>.

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

Decision rationale: The claimant sustained a work injury in April 2009. She continues to be treated for chronic pain. In April 2015, she was having moderate to severe head pain rated at 8/10. She was having increased left-sided pain with numbness into her left arm with tingling. Medications were Topamax, ibuprofen, and Zoloft. Physical examination findings included positive left straight leg raising. Tinel's testing was positive. A right wrist splint was recommended. In June 2015, she reported her symptoms were getting worse. Pain was again rated at 8/10. She was having increased headaches. In August 2015, she was having increased back pain radiating to the thighs bilaterally over the past several days. Pain was rated at 8/10. A Toradol injection was administered. In September 2015, she reported another occurrence of increased low back pain radiating to the thighs bilaterally over the past several days. Pain was rated at 7/10. She was having ongoing neck and left occipital and right frontal pain. Pain was rated at 7/10. She had a normal affect and was having no pain at rest. When seen in October 2015 her headaches were better. She was having a lot of sciatic symptoms. There was fair motor strength and a decreased left ankle reflex. A Toradol injection was administered. Authorization Lidoderm and an MRI of the lumbar spine are being requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.

MRI of the lumbosacral spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odg-twc.com/odgtwc/low_back.htm#Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in April 2009. She continues to be treated for chronic pain. In April 2015, she was having moderate to severe head pain rated at 8/10. She was having increased left-sided pain with numbness into her left arm with tingling. Medications were Topamax, ibuprofen, and Zoloft. Physical examination findings included positive left straight leg raising. Tinel's testing was positive. A right wrist splint was recommended. In June 2015, she reported her symptoms were getting worse. Pain was again rated at 8/10. She was having increased headaches. In August 2015, she was having increased back pain radiating to the thighs bilaterally over the past several days. Pain was

rated at 8/10. A Toradol injection was administered. In September 2015, she reported another occurrence of increased low back pain radiating to the thighs bilaterally over the past several days. Pain was rated at 7/10. She was having ongoing neck and left occipital and right frontal pain. Pain was rated at 7/10. She had a normal affect and was having no pain at rest. When seen in October 2015 her headaches were better. She was having a lot of sciatic symptoms. There was fair motor strength and a decreased left ankle reflex. A Toradol injection was administered. Authorization Lidoderm and an MRI of the lumbar spine are being requested. Applicable indications in this case for obtaining an MRI of the lumbar spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection, when there is radiculopathy with severe or progressive neurologic deficit, a history of prior lumbar surgery, the presence of cauda equina syndrome, or after at least one month of conservative therapy. In this case, there are no identified red flags and the claimant was having increased symptoms occurring episodically. Conservative treatment for her episodes of pain would be expected. Plain film x-ray would be recommended prior to considering an MRI scan. The requested MRI of the lumbar spine is not medically necessary.

Toradol injection (DOS 10/13/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=710#nlm34067-9>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

Decision rationale: The claimant sustained a work injury in April 2009. She continues to be treated for chronic pain. In April 2015, she was having moderate to severe head pain rated at 8/10. She was having increased left-sided pain with numbness into her left arm with tingling. Medications were Topamax, ibuprofen, and Zolof. Physical examination findings included positive left straight leg raising. Tinel's testing was positive. A right wrist splint was recommended. In June 2015, she reported her symptoms were getting worse. Pain was again rated at 8/10. She was having increased headaches. In August 2015, she was having increased back pain radiating to the thighs bilaterally over the past several days. Pain was rated at 8/10. A Toradol injection was administered. In September 2015, she reported another occurrence of increased low back pain radiating to the thighs bilaterally over the past several days. Pain was rated at 7/10. She was having ongoing neck and left occipital and right frontal pain. Pain was rated at 7/10. She had a normal affect and was having no pain at rest. When seen in October 2015 her headaches were better. She was having a lot of sciatic symptoms. There was fair motor strength and a decreased left ankle reflex. A Toradol injection was administered. Authorization Lidoderm and an MRI of the lumbar spine are being requested. The oral form of Toradol (ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was not in any documented distress and starting or discontinuing opioid medication was not being considered. Toradol injections were being administered on a regular basis. The repeat injection is not medically necessary.