

<b>Case Number:</b>	CM15-0057544		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, California  
 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:

This is a 28 year old female patient, who sustained an industrial injury on 12/5/14. The current diagnosis includes lumbar sprain. She sustained the injury while lifting/repositioning a patient. Per the PR-2 notes dated 3/10/15, she had complains of moderate to severe low back pain with sciatica radiating down the legs to the knees and mild numbness in the right leg. The physical examination revealed less tenderness in lower lumbar paraspinal muscles, range of motion-flexion 55 and extension 15 degrees and back pain with straight leg raising. Per the PR-2 notes dated 2/17/15, she had complains of lower back pain described as aching, constant and troubling. These notes indicate chiropractic therapy is helping verses physical therapy and has completed 4 of 6 visits. The medications list includes lidoderm patches. She has had lumbar spine x-rays on 3/10/15 which revealed minimal lumbar levoscoliosis. She has had physical therapy and chiropractic therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Request: MRI of the lumbar spine without contrast. Per the ACOEM low back guidelines cited below Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Patient does not have consistent objective evidence of progressive neurological deficits that are specified in the records provided. It is unclear if the straight leg raise test causes radiation of the pain to the lower extremities. Any finding indicating red flag pathologies are not specified in the records provided. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. The notes indicate chiropractic therapy is helping and she has completed 4 of 6 visits. Response to a complete course of previous conservative therapy including physical therapy and chiropractic therapy is not specified in the records provided. The medical necessity of MRI of the lumbar spine without contrast is not fully established for this patient. Therefore, the requested medical treatment is not medically necessary.

**Lidoderm patch 5% with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm patch 5% with 1 refill. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines: 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of

Lidoderm Patches 5% with 1 refill is not fully established for this patient. Therefore, the requested medical treatment is not medically necessary.