

<b>Case Number:</b>	CM15-0084197		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 01/02/2014. He reported that he bent down to scoop up material into his work bucket while he was standing on a three-foot stool when he felt an immediate pain to the back causing him to subsequently lose his balance and fall off of the stool landing on the ground. The injured worker was diagnosed as having lumbar radiculopathy, lumbar myelopathy, and lumbar facet syndrome. Treatment and diagnostic testing to date has included magnetic resonance imaging of the lumbar spine, x-ray of the lumbar spine, electromyogram with nerve conduction study, medication regimen, physical therapy, chiropractic therapy, acupuncture, use of a transcutaneous electrical nerve stimulation unit, and status post epidural injections. Documentation from 02/09/2015 noted electromyogram performed was not consistent with radiculopathy. This same documentation noted magnetic resonance imaging from 02/02/2014 that was remarkable for multilevel degenerative disc disease, multilevel disc protrusions with spinal stenosis at lumbar one to two, lumbar two to three, and lumbar three to four, and disc protrusion at lumbar five to sacral one with minimal impression on the thecal sac. In a progress note dated 02/20/2015 the treating physician reports complaints of low back pain that radiates to the bilateral lower extremities that is rated a 6 to 8 out of 10. The injured worker also has continuous daily bladder incontinence. The treating physician noted decreased pinwheel sensation to the right lower extremity. The treating physician also indicated that use of Gabapentin was noted to assist the injured worker with radiating nerve pain without sleepiness. The treating physician requested the medication of

Lidoderm 5% patches and home care, but the documentation provided did not indicate the specific reasons for these requested treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home care (no frequency or duration given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home care (no frequency or duration given) is not medically necessary and appropriate.

**Lidoderm patches 5% (no quantity given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Pages 111- 113.

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm patches 5% (no quantity given) is not medically necessary and appropriate.

