

Case Number:	CM15-0085890		
Date Assigned:	05/08/2015	Date of Injury:	09/24/2009
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, New York
 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 43 year old female with a September 24, 2009 date of injury. A progress note dated April 2, 2015 documents subjective findings (continued severe lower back pain and right hip pain radiating to the right knee; pain causing difficulty with sleep and increased depression) and current diagnoses (lumbar sprain/strain; lumbosacral radiculopathy; chronic myofascial pain). Objective findings were not documented. Treatments to date have included medications, home exercise, transcutaneous electrical nerve stimulator, and heat therapy. The treating physician documented a plan of care that included a lumbar spine epidural steroid injection, traction unit, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction Unit Indefinite Use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Traction, Low back.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of traction. ODG guidelines state that, "home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain." There is no documentation that the patient was participating in a program of conservative care.

Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. However, the patient did not have a trial of first-line treatment for neuropathic pain such as a tricyclic antidepressant. Lidoderm is not first-line treatment. Therefore, the request is not medically necessary.