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| Case Number: | CM15-0234110 | | |
| Date Assigned: | 12/09/2015 | Date of Injury: | 06/16/2011 |
| Decision Date: | 01/20/2016 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/30/2015 |

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 59 year old female, who sustained an industrial injury on 06-16-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, lumbar degenerative disc disease, sciatica, and lumbar disc displacement. Medical records (06-27-2015 to 09-22-2015) indicate ongoing low back pain with radiating pain into the right lower extremity with recent flare-up. Pain levels were 6-10 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-22-2015, revealed limited range of motion in the lumbar spine, tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms, right sciatic notch tenderness, positive lumbar facet loading maneuver bilaterally, positive straight leg raise on the right, tenderness in the sacroiliac joint, some decreased motor strength in the right lower extremity, and decreased sensation in the right L5 and S1 dermatomes. Relevant treatments have included: physical therapy (PT), chiropractic treatments, epidural steroid injections, work restrictions, and medications (Lidocaine and Methoderm for several months). The request for authorization (09-22-2015) shows that the following medications were requested: Lidocaine patch 5% #1 and Methoderm topical analgesic lotion 120gm #1. The original utilization review (10-29-2015) non-certified the request for Lidocaine patch 5% #1 and Methoderm topical analgesic lotion 120gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 06/16/11 and present with lumbar spine pain. The request is for LIDOCAINE PATCH 5% #1. There is no RFA provided and the patient is on temporary total disability. MTUS Guidelines, Lidoderm (lidocaine patch) section, page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has a limited range of motion in the lumbar spine, tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms, right sciatic notch tenderness, positive lumbar facet loading maneuver bilaterally, positive straight leg raise on the right, tenderness in the sacroiliac joint, some decreased motor strength in the right lower extremity, and decreased sensation in the right L5 and S1 dermatomes. She is diagnosed with low back pain, lumbar degenerative disc disease, sciatica, and lumbar disc displacement. There is no indication of where these patches will be applied to and the reason for the request is not provided. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidocaine have impacted the patient's pain and function. The requested Lidocaine IS NOT medically necessary.

Menthoderm topical analgesic Lotion 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 06/16/11 and present with lumbar spine pain. The request is for LIDOCAINE PATCH 5% #1. There is no RFA provided and the patient is on temporary total disability. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis

and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has a limited range of motion in the lumbar spine, tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms, right sciatic notch tenderness, positive lumbar facet loading maneuver bilaterally, positive straight leg raise on the right, tenderness in the sacroiliac joint, some decreased motor strength in the right lower extremity, and decreased sensation in the right L5 and S1 dermatomes. She is diagnosed with low back pain, lumbar degenerative disc disease, sciatica, and lumbar disc displacement. There is no indication of where these patches will be applied to and the reason for the request is not provided. MTUS Guidelines do not recommend NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient presents with lumbar spine pain, which is not indicated by MTUS Guidelines. Furthermore, none of the reports provided mention how Menthoderm has impacted the patient's pain and function. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, the requested Menthoderm Gel IS NOT medically necessary.