

<b>Case Number:</b>	CM14-0141565		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 3-1-13. Office visit on 7-16-14 notes the claimant had mid and low back pain as well as right knee complaints. The claimant reports low back pain that radiated down both legs and feet. The claimant's medications include Norco, Tramadol, Lidopro cream and Prilosec. The claimant reports medications alleviate his pain. On exam, the claimant has positive facet signs and facet loading, decreased sensation, motor strength is 4+/5 in the right lower extremity diffusely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment 4oz #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are 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 an absence in documentation noting

that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.

**Left Medial Branch Block for L3-L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, diagnostic blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM Chapter 12 low back complaints table 12-8 notes that therapeutic facet joint injections are not recommended for treatment of acute, subacute, or chronic low back pain. Additionally, the claimant reports radicular pain with MRI showing stenosis at L3-L4 and L4-L5, current evidence based medicine does not support medial branch block in patients with radicular pain. Therefore, the medical necessity of this request is not established.