

Case Number:	CM14-0158028		
Date Assigned:	10/01/2014	Date of Injury:	06/18/2003
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 71-year-old male with a date of injury of 06/18/2013. The listed diagnoses per [REDACTED] are: 1. Knee pain.2. Cervicalgia.3. Cervical spondylosis without myelopathy.4. Lumbar postlaminectomy syndrome.5. Lumbar DJD/spondylosis without myelopathy.6. Lumbalgia. According to progress report 08/07/2014, the patient presents with chronic low back pain with numbness and tingling. Examination of the lumbar spine revealed moderate tenderness with palpation of the lower back. There was tenderness noted with extension. Treater is requesting a lumbar facet injection under fluoroscopy, Ambien 5 mg, Voltaren 1% gel, and Lidoderm 5% patch. Utilization review denied the request on 08/29/2014. Treatment reports from 07/02/2013 through 08/07/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injections Under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Therapeutic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under its low back chapter

Decision rationale: This patient presents with chronic neck and low back pain. This is a request for "lumbar facet injections under fluoroscopy." The medical file provided for review includes 4 progress reports and 1 AME report. There is no discussion of this request. It is unclear what levels are to be injected. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radio-frequency ablations on page 300 and 301. ODG guidelines under its low back chapter also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient presents with chronic low back pain and does not have radicular symptoms. Lumbar facet injections may be indicated for evaluation. However, there is no discussion as to which levels are to be injected. Given the lack of sufficient documentation, recommendation cannot be made. The request is not medically necessary.

Ambien 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ambien (Zolpidem)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines under its pain section

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of Ambien 5 mg for treatment of patient's insomnia. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines under its pain section states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, ODG does not recommend long-term use of this medication and the medical file indicates the patient has been taking this medication since 07/16/2013. The request is not medically necessary.

Voltaren 1% Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Voltaren Gel

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for chronic pain Page(s): 60.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting Voltaren 1% gel. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient has a diagnosis of knee pain for

which topical NSAIDs may be indicated. However, the physician does not discuss how this topical is being used and with what effectiveness. MTUS page 60 require documentation of pain and functional changes with medications used for chronic pain. The request is not medically necessary.

Lidoderm 5% Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines states, topical lidocaine MTUS ,idocaine Indication Page(s): 57,112.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a refill of Lidoderm 5% patch. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that 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. In this case, the patient does not present with "localized peripheral pain." The physician appears to be prescribing the patches for the patient's chronic low back, and neck pain, which is not supported by the guidelines. The requested Lidoderm patches are not medically necessary.