

Case Number:	CM14-0161387		
Date Assigned:	10/06/2014	Date of Injury:	06/20/2011
Decision Date:	11/06/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 43-year-old female, who reported an injury on 06/20/2011. The mechanism of injury occurred during a fall. Her diagnoses included left knee sprain/strain, left hip sprain/strain, left sacroiliac joint sprain/strain, suspected left L5 neuropathy, suspected left lateral femoral cutaneous nerve pathology, cervicogenic cephalgia, cervical spine sprain/strain, insomnia, right hip sprain/strain, and chronic pain. The injured worker's past treatments included approximately 4 sessions of cognitive behavioral therapy, medications, the use of urine drug screens, and surgery. The injured worker's diagnostic exams included an MRI of the left hip performed on an unknown date. The injured worker's surgical history included a left knee surgery on an unspecified date. On 08/22/2014, the injured worker complained of low back pain extending into the left groin and down the leg. She also complained of bilateral hip pain, left knee pain, numbness and tingling in the left upper back radiating to the left axilla, and increased bilateral foot numbness. The physical examination was not clearly indicated in the clinical notes. The injured worker's medications included Topamax 25 mg, Cymbalta 60 mg, Norco 5/325 mg, and Lidoderm patches 5% #30. The treatment plan consisted of a request for a nerve block of the left femoral cutaneous nerve for diagnostic and therapeutic purposes, the continuation of medications, and a left hip MRI. A request was received for Lidoderm patches 5% #30. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The request for Lidoderm patches 5% #30 is not medically necessary. The California MTUS Guidelines recommend Lidoderm for the treatment of localized peripheral pain after there has been evidence of a trial of first line therapies, such as antidepressants or anticonvulsants. Lidoderm is a first line treatment that is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. From the clinical notes, the injured worker complained of pain to the lower back that extended into the left groin and down the leg. She also complained of bilateral hip, left knee pain, and numbness with tingling in the left upper back that radiated into the left axilla. Her diagnoses included peripheral neuropathy and neck pain. However, the clinical notes failed to indicate that the injured worker failed first line treatment options, such as anticonvulsants or antidepressants, to alleviate her discomfort. The clinical notes also fail to indicate a quantitative pain level to identify the injured worker's pain level at the time of the visit. Also, the clinical notes did not provide a physical examination to determine if neuropathic etiology was present at the time of the request to warrant the use of topical analgesics. The clinical notes also indicated that the injured worker was on Cymbalta 60 mg, which is an antidepressant. The ongoing use of Cymbalta indicates that the injured worker's pain is being treated with oral medications. Therefore, the use of lidocaine patches would not be supported by the guidelines, as the need for use is based on the trial and failure of antidepressants. Therefore, due to the lack of documentation indicating a physical exam positive for neuropathic etiology, and due to evidence of continued use of antidepressants, the request is not supported. Additionally, the request did not specify frequency of dose. Thus, the request for Lidoderm patches 5% #30 is not medically necessary.

Left hip MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hip & Pelvis (updated 3/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, MRI

Decision rationale: The request for a left hip MRI is not medically necessary. The Official Disability Guidelines recommend magnetic resonance imaging for the hip when the following indications are evident. There must be documentation of osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, or tumors to warrant the use of an MRI. Based on the clinical notes, the clinical notes

indicated that the injured worker's was diagnosed with left hip sprain/strain and left sacroiliac joint sprain/strain. It was indicated that she had a previous X-ray performed in 2012 and also received multiple injections to the left hip. The injured worker participated in approximately 9 sessions of physical therapy, however, the clinical notes indicated that this therapy was performed on the left knee and not the hip. The rationale for the request of a MRI of the left hip was that the injured worker failed to improve with conservative care, thus the diagnostic testing was warranted. Although, she had left hip complaints there was no documentation that indicated she was unable to function or failed the use of physical therapy indicated for the left hip. Also, the injured worker's diagnoses of left hip sprain/strain and left sacroiliac joint sprain/strain would not be supported by the guidelines. Therefore, due to an absence of red flags that indicate significant functional deficits and lack of documentation that indicated that she did indeed fail conservative treatment options for her left hip, the request is not supported. Thus, the request for an MRI for the left hip is not medically necessary.