

Case Number:	CM14-0164746		
Date Assigned:	10/09/2014	Date of Injury:	05/06/1996
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Spine Surgery 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:

The injured worker is a 45-year-old male who reported injury on 05/06/1996. The mechanism of injury was not provided. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 05/09/2014, which revealed a bilateral laminectomy defect at L2 through L5. There was a posterolateral fixation with pedicle screws at L2 through L5 with posterior rod instrumentation extending from L2 through L5. There was an enhancing posterior annular tear at L5-S1. At L5-S1, there was a broad based disc protrusion and facet hypertrophy producing bilateral neural foraminal narrowing. There was a posterior annular tear and fissure. Prior therapies included medication, trigger point injections, physical therapy, activity modification, rest and acupuncture. The injured worker underwent an MRI of the lumbar spine with and without contrast on 05/07/2014, which revealed, at the level of L5-S1, there was a broad based disc protrusion and facet hypertrophy producing bilateral neural foraminal narrowing and a posterior annular tear/fissure. Other therapies additionally included acupuncture. The injured worker's medications were not provided. The documentation of 06/04/2014 revealed the injured worker had persistent chronic low back pain. The lido cream did not help as much. The injured worker had acupuncture that helped, and had trigger point injections that helped. The complaint included chronic low back pain, status post multilevel lumbar fusion, with cold weather pain up to a 10/10. The physical examination revealed the Lasgue's test was positive bilaterally. The straight leg raise was positive bilaterally at 45 degrees. There was tenderness to palpation over the hardware and over the lumbar paraspinal musculature. The motor strength was 5/5. The injured worker had a straight leg raise on the left to 40 degrees with EHL 4/5 on the left. Diagnoses included status post lumbar fusion, chronic low back pain, lumbar discogenic disease, multilevel; and right knee internal derangement. The MRI revealed an enhancing posterior annular tear at L5-S1. The treatment plan included a lumbar epidural steroid injection times 1

and a continuation of acupuncture and trigger point injections. The documentation of 08/27/2014 reveal the injured worker's medications included Norco 10/325 mg #240 for moderate to severe pain, Lidoderm patches 5% #30 for topical application to address pain, Baclofen 10 mg as a muscle relaxant, Lyrica 75 mg for nerve pain, and Restoril 30 mg for a sleep aid. The treatment plan included to continue the medication. There was no Request for Authorization or rationale for the requested interventions.

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): 56-57.

Decision rationale: The California MTUS Guidelines indicate that lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial and failure of a first line therapy, including tricyclic, SNRI, antidepressants, or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the injured worker had a trial and failure of an AED. The injured worker was noted to be utilizing Lyrica. Given the above, the request for Lidoderm patches 5% #30 is not medically necessary.

Lumbar epidural steroid injections L5-S1 (left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or imaging findings. There should be documentation of a failure of conservative care. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There was documentation the injured worker had objective findings upon physical examination. However, there was a lack of documentation of corroboration of findings or MRI or electrodiagnostics. There was a lack of documentation indicating the injured worker had nerve impingement per MRI or EMG. Given the above, the request for lumbar epidural steroid injections L5-S1 left is not medically necessary.

Lumbar epidural steroid injections L5-S1 (right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or imaging findings. There should be documentation of a failure of conservative care. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There was documentation the injured worker had objective findings upon physical examination. However, there was a lack of documentation of corroboration of findings or MRI or electrodiagnostics. There was a lack of documentation indicating the injured worker had nerve impingement per MRI or EMG. Given the above, the request for lumbar epidural steroid injections L5-S1 right is not medically necessary.