

Case Number:	CM14-0207559		
Date Assigned:	12/19/2014	Date of Injury:	07/22/2008
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 53 year old male presenting with a work related injury on 07/22/2008. On 11/04/2014, the patient reported low back pain and left lower extremity pain. The pain was described burning and shooting pain. The patient had Left L4, L5 and S1 Transforaminal Epidural Steroid Injection on 08/24/2012 and then on 08/23/13. The patient also had a left L4, L5, S1 transforaminal epidural steroid injection on 10/22/14 and reported over 50% improvement. The patient reported benefits from the use of Lidoderm Patches. According to the medical records, the patient is unable to take PO medications. Other relevant medications include Hydrocodone, Relafen, and Voltaren. The physical exam was significant for antalgic gait due to left lower extremity pain, he was only able to heel and toe walk briefly due to pain, range of motion of the cervical spine is reduce in flexion, extension, lateral rotation and lateral bending with increase in concordant pain in all planes, especially to left rotation/bending, Spuling's test is positive on the left side, 4/5 motor strength for left finger flexion, sensation is reduced to pinprick along left C6 and C7 dermatomes, deep tendon reflexes are 0-1+ bilateral biceps and 0-1+ brachioradialis. Range of motion of the lumbar spine is decreased in flexion, extension, lateral rotation and lateral bending but much improved after the last injection, muscle atrophy in the legs bilaterally, sensation is reduced to pinprick along the left L4 and S1 and temperature along left L5 and S1 dermatomes. MRI of the lumbar spine was significant for mild grade 1 anterolisthesis of L4 on L5 and L5 on S1, mild central stenosis at L5-S1 (AP 8 mm); L5-S1 5 mm central/left paracentral disc protrusion with abutment of left exiting nerve root of 1 mm displacement; moderate right sided and mild to moderate left neural foraminal stenosis at L5-S1. Cervical MRI was significant for mild left paracentral and left lateral disc bulge/endplate spurring causes mild to moderate left sided foraminal narrowin; C4-5 minimal annular disc bulging without central or lateral stenosis; C5-6 mild central, right paracentral and right lateral

disc bulging/endplate spurring caused mild right lateral recess and mild to moderate right foraminal narrowin. MRI of right shoulder shoed moderate thickening of coracoacromial ligament contacting the myotendinous junction of the supraspinatus; mild to moderate degenerative arthropathy of AC joint mild supraspinatus and infraspinatus tendinosis/tendonitis; low-grade partial tearing with mild tendinosis/tendonitis of subscapularis; extensive labral tearing involving both the anterior, superior and posterior labrum. EMG/NCV showed upper extremities, left C6-7 radiculopathy, left carpal tunnel syndrome of mild severity. The patient was diagnosed with lumbar disc with radiculitis, spinal stenosis lumbar, acquired spondylolisthesis, cervical disc with radiculitis, myofascial pain, shoulder pain, lumbar degenerative disc disease with left L4, L5 and S1 radiculopathy, lumbar central stenosis at L5-S1 levels, lumbar spondylolisthesis at L4-5 and L5-S1 levels mild, cervical degenerative disc disease with left radiculopathy, reactive myofascial pain due to underlying spine pathology and chronic right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine topical ointment 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lidocaine topical ointment 5% is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.