

Case Number:	CM15-0010839		
Date Assigned:	01/28/2015	Date of Injury:	09/14/2011
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This 58 year old male sustained a work related injury on 09/14/2011. According to the most recent evaluation submitted for review and dated 08/07/2014, the injured worker complained of constant low back pain, constant right lower extremity pain radiating all the way down the leg with numbness and tingling, constant right foot numbness, intermittent left lower extremity pain and a history of hypertension, coronary artery disease and abdominal aortic aneurysm. Diagnoses include MRI scan suggestive for significant spondylosis, discogenic disc disease and post-operative changes, status-post decompression laminectomy at L3-4 and L4-5, no clinical evidence of any recurrent lumbosacral radiculopathy and history of aortic aneurysm (non-industrial). According to the provider, lumbar spine pain and symptoms were worsening and could not be surgically treated due to a non-industrial aortic aneurysm. On 01/15/2015, Utilization Review non-certified, multidisciplinary evaluation for a functional restoration program and Lidoderm 5% patches. According to the Utilization Review physician, in regard to a multidisciplinary evaluation for a functional restoration program, there was a lack of documentation of significant psychological conditions as well as evidence of aberrant drug behavior or drug dependence to warrant a functional restoration program for the claimant in the submitted Agreed Medical Evaluation report. CA MTUS Chronic Pain Medical Treatment Guidelines was cited. The most recent progress report submitted for review was dated 08/07/2014 which is over 90 days from the current date. It is impossible to determine the claimant's current condition. Therefore, non-certification was recommended for prospective use

of Lidoderm 5% patches. CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics was cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation for a functional restoration program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49..

Decision rationale: Per the MTUS, FRP's are recommended, although research is still ongoing on how to appropriately screen for inclusion in these programs. FRP's were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRP's incorporate components of exercise progression with disability management and psychosocial intervention. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. A review of the injured workers medical records that are available to me do in fact show that he does have a chronic disabling occupational musculoskeletal disorder and he may benefit from a program that emphasizes function over elimination of pain. Therefore based on his complex medical history and the guidelines the request for multidisciplinary evaluation for a functional restoration program appears to be medically appropriate and necessary for this injured worker.

Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Page(s): 56-57..

Decision rationale: Per the MTUS, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy like tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. A review of the injured workers medical records that are available to me show that he was started on gabapentin and the dose was being increased from 300mg to 900mg and it was stated that he had not been on the medication for a long time and he was going to be followed up to see how the gabapentin worked. Lidoderm was added to his treatment regimen, however there are no medical records that describe how he responded to gabapentin and if it failed, there was also no

documentation of a trial of other first line therapy that had failed and therefore the request for Lidocaine 5% patches is not medically necessary.