

Case Number:	CM15-0110909		
Date Assigned:	06/15/2015	Date of Injury:	02/27/2014
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 2/27/14. The diagnoses have included lumbar strain, lumbosacral facet syndrome, and lumbar spine radiculopathy and myofascial pain syndrome. Treatment to date has included medications, activity modifications, off work, epidural steroid injection (ESI), Functional Capacity Evaluation (FCE), physical therapy, and home exercise program (HEP). Currently, as per the physician medical legal note dated 5/6/15, the injured worker was given Neurontin in the past for his back secondary to the lumbar strain and myofascial pain syndrome, but since he has had problems with tolerating higher doses of the medicine the topical medicine Lidopro was given. It is noted that he is not interested in taking narcotics or further surgery. The Lidopro is essential to control the inflammation and neuropathic pain. In regards to the lumbar medial branch blocks, the physician notes that he continues to have back pain with tenderness in the lumbar facet joints and a positive lumbar facet maneuver. Moreover, the physician notes that he had a negative straight leg raise and has no acute neurological deficits. However, it is noted that this radiculopathy had been addressed and no longer is a part of the assessment. The progress note dated 5/7/15 documents that he complains of back pain that radiates to the bilateral buttocks and he is taking medications with benefit. The physical exam reveals decreased range of motion of the back by 10 percent in all planes, positive facet maneuver, decreased sensation bilateral buttocks, lumbar spine spasms, and decreased strength and weakness of the bilateral extremities. The current medications included Flexeril, Omeprazole, Neurontin and Lidopro cream. The urine drug screen dated 4/14/15 was consistent with the medications prescribed. It is noted that there was a

Magnetic Resonance Imaging (MRI) of the lumbar spine that was done however, there is no diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatments included Lidopro times two (2) and Bilateral L3-S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro times two (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105 and 111-113.

Decision rationale: Lidopro times two (2) is not medically necessary per MTUS Guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10% and Methyl Salicylate 27.5%. The MTUS Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay, which contains menthol and methyl salicylate. Per the MTUS Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. For these reasons, Lidopro is not medically necessary.

Bilateral L3-S1 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Facet Joint Diagnostic Blocks (injections).

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) Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral L3-S1 medial branch blocks are not medically necessary per the MTUS Chronic Pain and the ODG Guidelines. The MTUS ACOEM Guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The request as written exceeds the 2 level maximum recommended number for these injections. For these reasons, the request for medial branch blocks is not medically necessary.