

Case Number:	CM15-0112584		
Date Assigned:	06/19/2015	Date of Injury:	11/04/1977
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

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:

The injured worker is a 66 year old male who sustained an industrial injury on 11/4/1977 when the stationary motor vehicle he was in was rammed causing injury to his neck and aggravating his low back pain. He was treated conservatively and had multiple diagnostic studies including an abnormal myelogram. Of note, on 8/4/1977 he incurred an injury to his low back which was treated but he had progressively increasing pain. He currently complains of continuous low back pain and right hip pain with radiation into bilateral lower extremities and occasional radiation to groin and thigh; occasional night sweats. His pain level is 8-9/10. He has sleep difficulties. On physical exam of the low back there was significant muscle spasm, limited range of motion, myofascial trigger points, positive straight leg raise on the left; cervical spine reveals myofascial trigger points, limited range of motion. Medications are Lidoderm 5% patch, hydrocodone-acetaminophen. He has relief of pain in less than 30 minutes of taking medication and relief lasts 4-5 hours. Diagnoses include post-laminectomy syndrome cervical, thoracic and lumbar spine; lumbago; opioid dependence, abuse; chronic pain syndrome; gait abnormality; fibromyalgia/myalgia/ myofascial pain; cervical spondylosis without myelopathy; insomnia; somatic dysfunction of thoracic spine; somatic dysfunction of the ribs. Treatments to date include medications; back brace; physical therapy; transcutaneous electrical nerve stimulator unit. Diagnostic include computed tomography of the lumbar spine (6/20/11, 1/10/14) showing status post laminectomy; computed tomography of the cervical spine (7/2/12) abnormal results; computed tomography of the lumbar spine (7/2/12) showing severe degenerative disc disease; computed tomography of the lumbar spine (10/12/12) abnormal; x-ray of the thoracic spine

(12/4/12) postoperative changes, otherwise normal; x-ray lumbar spine (12/4/12) postoperative changes and chronic compression fracture of L1; computed tomography of the thoracic spine (1/10/14). In the progress note dated 4/29/15 the treating provider's plan of care includes requests for Lidoderm 5% patch; back brace / support for pain and support issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty 60 with 1 refill, 2 patches every 12 hrs daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5% patches Qty 60 with 1 refill, 2 patches every 12 hrs daily is determined to not be medically necessary.

Lumbar back brace/support pad (Bauerfeind TLSS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. In this case, the injured worker suffers from chronic injuries with no recent acute injury documented. There is no evidence of instability. The request for lumbar back brace/support pad (Bauerfeind TLSS) is determined to not be medically necessary.