

Case Number:	CM15-0116616		
Date Assigned:	06/24/2015	Date of Injury:	07/02/2009
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 7/02/2009. She reported developing low back pain that radiated to lower extremities. She underwent a hemilaminectomy in early 2009. Initially feeling better after surgery, there was aggravation of the condition when she someone running had bumped into the right thigh, increasing low back pain and lower extremity symptoms and subsequently required a lumbar fusion. She underwent additional back surgery, including removal of hardware and additional level lumbar fusion. Diagnoses include lumbar disc herniation and lumbar radiculopathy. Treatments to date include medication therapy, epidural steroid injections, physical therapy, acupuncture treatments, aquatic therapy, and underwent a failed spinal cord stimulator trial. She has a TENS unit for home use. Currently, she complained of low back pain with radiation down the left lower extremity. It was documented that Percocet did help relieve pain for less than four hours. Pain was rated 6/10 VAS with medication and 10/10 VAS without medication. The record documented improvement in ambulation and activities in daily living as a result of medication use. Current medications included Percocet 10/325mg, Neurontin, Prilosec, and Lidoderm patches. On 5/18/15, the physical examination documented tenderness and muscle spasms in the lumbar region with decreased range of motion. The straight leg raise test was positive on the left side. The plan of care included a trial of Morphine ER 15mg, one every twelve hours #30; and continuation of previously prescribed Omeprazole 20mg one tablet #60; Lidocaine 5%, up to three patches applied daily #90; and TENS unit replacement for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches up to three patches applied quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine, Topical analgesic Page(s): 57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with low back pain affecting the left lower extremity, rated 6/10 with and 10/10 without medications. The patient is status post L5-S1 laminectomy/ discectomy 03/24/09, L5-S1 fusion 05/14/10, and L4-L5 fusion with hardware removal at L5-S1 on 07/19/12, per 08/29/14 report. The request is for Lidocaine 5% Patches up to three Patches Applied Quantity 90. Patient's diagnosis per Request for Authorization forms dated 10/06/14, 11/26/14, 01/26/15, and 05/27/15 includes thoraco lumbar radiculitis, and postlaminectomy syndrome. Physical examination to the lumbar spine on 05/18/15 revealed well-healed midline surgical scar and bilateral paraspinal tenderness from L1 to S1. Range of motion was decreased, especially on extension 10 degrees positive straight leg raise test on the left at 45 degrees. Treatment to date has included imaging and electrodiagnostic studies, epidural steroid injections, physical therapy, acupuncture treatments, aquatic therapy, failed spinal cord stimulator trial, home TENS unit, and medications. Patient's medications include Percocet, Neurontin, Prilosec, and Lidoderm patches. The patient has reached "maximum medical improvement" on 09/30/14, work restrictions given and future medical care allowed, per 03/16/15 report. Treatment reports were provided from 01/06/12 -05/18/15. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". Page 112 also states, "Lidocaine indication: neuropathic pain recommended for localized peripheral pain". ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Per 06/04/15 report, treater states "The patient does have topical neuropathic pain in her left lower extremity. Her physical examination does indicate hyperesthesia in the posterior thigh and calf. This is the area where the patient utilizes the Lidocaine Patches for topical neuropathic pain. This is used in conjunction with Gabapentin...The patient receives only partial improvement in neuropathic symptoms with the Gabapentin alone. Therefore, the addition of Lidocaine Patches in conjunction with the Gabapentin has provided the patient at least 50% improvement of neuropathic symptoms. With the better control of neuropathic pain, the patient is better able to perform her daily activities as well as perform walking and standing much more comfortably with less difficulty." In this case, treater has documented improvement in patient's "topical neuropathic pain in her left lower extremity" amenable to

Lidoderm patches. However, Lidocaine patches are not indicated for this patient's chief complaint of chronic lower back pain with leg component. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lower back pain which radiates into the left lower extremity, not a localized peripheral neuropathic pain, for which Lidocaine patches are indicated. There is no documentation of other complaints for which this medication would be considered appropriate, either. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

TENS unit replacement pads for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units Page(s): 16.

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with low back pain affecting the left lower extremity, rated 6/10 with and 10/10 without medications. The patient is status post L5-S1 laminectomy/ discectomy 03/24/09, L5-S1 fusion 05/14/10, and L4-L5 fusion with hardware removal at L5-S1 on 07/19/12, per 08/29/14 report. The request is for Tens Unit Replacement Pads for six months. Patient's diagnosis per Request for Authorization form dated 05/27/15 includes thoraco lumbar radiculitis, and postlaminectomy syndrome. Physical examination to the lumbar spine on 05/18/15 revealed well-healed midline surgical scar and bilateral paraspinal tenderness from L1 to S1. Range of motion was decreased, especially on extension 10 degrees positive straight leg raise test on the left at 45 degrees. Treatment to date has included imaging and electrodiagnostic studies, epidural steroid injections, physical therapy, acupuncture treatments, aquatic therapy, failed spinal cord stimulator trial, home TENS unit, and medications. Patient's medications include Percocet, Neurontin, Prilosec, and Lidoderm patches. The patient has reached "maximum medical improvement" on 09/30/14, work restrictions given and future medical care allowed, per 03/16/15 report. Treatment reports were provided from 01/06/12 - 05/18/15. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. Per progress report dated 06/04/15, treater states "the patient has been provided the TENS unit in the past and she utilizes this for exacerbation of symptoms that has primarily helped significantly for musculoskeletal pain. This has allowed the patient to eliminate the use of muscle relaxants and this has also helped the patient continue with her daily stretching and exercise regimen. The TENS unit also has allowed the patient to improve her range of motion and decrease muscle spasms and perform activity much more comfortably..." The patient presents with radiculopathy for which the use of TENS unit is indicated. In this case, continued use of TENS unit would appear reasonable given documentation of benefit from prior use. However, treater does not specify number of electrodes used every month, and why the patient would need so many. The electrodes are typically reusable. Furthermore, the request is for a 6 month supply which is excessive. MTUS requires on-going monitoring by the treating physician. Therefore, the request is not medically necessary.