

<b>Case Number:</b>	CM15-0119578		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/24/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 39 year old male, who sustained an industrial injury on 7/24/02. The injured worker has complaints of low back pain that radiates to right lower extremity. The documentation noted decreased sensation right greater than left and positive straight leg raise; positive tenderness to palpation lumbar paraspinal muscles with hypertonicity. The diagnoses have included lumbar discogenic syndrome; lumbar sprain/strain and lumbosacral or thoracic, neuritis. Treatment to date has included magnetic resonance imaging (MRI) showed degenerative disc disease multiple levels with mild L4 right radicular impingement; naproxen; transcutaneous electrical nerve stimulation unit; home exercise program; injections; naproxen; Norco and lidopro. The request was for retrospective request for aluminum cane, quantity: 1, dispensed on 5/18/15; retrospective request for lidopro cream 121g, dispensed on 5/18/15; retrospective request for Norco 5/325, quantity: 15, dispensed on 5/18/15 and retrospective request for ice pack, quantity: 1, dispensed on 5/18/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Aluminum cane, quantity: 1, dispensed on 5/18/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip & Pelvis (Acute & Chronic), Walking Aids (Canes, Crutches, Braces, Orthoses and Walkers) (2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under walking aids.

**Decision rationale:** The patient presents with severe pain in the lower back radiating down his right thigh. The request is for RETROSPECTIVE REQUEST FOR ALUMINUM CANE, QUANTITY: 1, DISPENSED ON 5/18/15. The request for authorization is not provided. X-ray of the lumbar spine, 07/24/07, shows essentially negative for recent fracture, luxation and gross bony pathology, suggested mild facetar imbrications, postural alterations. EMG/NCS of the lower extremities, 05/15/10, shows the findings are most consistent with a bilateral lumbar Radiculopathy. They most likely involve nerve roots of the L5 and S1 nerve roots bilaterally. The findings are most consistent with a chronic injury that likely has an acute overlay. MRI of the lumbar spine, 06/25/12, shows multilevel degenerative disease of the lumbar spine. Diffuse posterior disc bulge at L3-L4, associated with annular tear. Physical examination reveals positive tenderness to palpation lumbar paraspinal muscles with hypertonicity, tenderness to palpation L5-S1 facet joint, decreased sensation. Positive straight leg raise. He was hospitalized for 2 days with this severe back pain, MRI was taken which showed DDD multiple levels with mild L4 right radicular impingement. He is experiencing severe flare-up of pain in the low back that radiates to right lower extremity. He was using TENS and performs home exercise program, until this recent severe pain. Per progress report dated 05/18/15, the patient is not working. ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. Treater does not discuss the request. In this case, the treater does not discuss or document any knee issues, ambulation problems or a diagnosis that would warrant the need for a cane. Per progress report dated 05/18/15, treater notes, "Gait: Normal." The patient does not meet the ODG guidelines for a cane. Therefore, the request WAS NOT medically necessary.

**Retrospective request for Lidopro cream 121g, dispensed on 5/18/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Topical, Capsaicin Topical, Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The patient presents with lower back radiating down his right thigh. The request is for RETROSPECTIVE REQUEST FOR LIDOPRO CREAM 121G, DISPENSED ON 5/18/15. The request for authorization is not provided. X-ray of the lumbar spine, 07/24/07,

shows essentially negative for recent fracture, luxation and gross bony pathology, suggested mild facetar imbrications, postural alterations. EMG/NCS of the lower extremities, 05/15/10, shows the findings are most consistent with a bilateral lumbar Radiculopathy. They most likely involve nerve roots of the L5 and S1 nerve roots bilaterally. The findings are most consistent with a chronic injury that likely has an acute overlay. MRI of the lumbar spine, 06/25/12, shows multilevel degenerative disease of the lumbar spine. Diffuse posterior disc bulge at L3-L4, associated with annular tear. Physical examination reveals positive tenderness to palpation lumbar paraspinal muscles with hypertonicity, tenderness to palpation L5-S1 facet joint, decreased sensation. Positive straight leg raise. He was hospitalized for 2 days with this severe back pain, MRI was taken which showed DDD multiple levels with mild L4 right radicular impingement. He is experiencing severe flare-up of pain in the low back that radiates to right lower extremity. He was using TENS and performs home exercise program, until this recent severe pain. Per progress report dated 05/18/15, the patient is not working. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater does not specifically discuss this medication. Patient has been prescribed Lidopro since at least 10/09/13. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request WAS NOT medically necessary.

**Retrospective request for Norco 5/325, quantity: 15, dispensed on 5/18/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for Neuropathic Pain, Opioids for Osteoarthritis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with lower back radiating down his right thigh. The request is for RETROSPECTIVE REQUEST FOR ICE PACK, QUANTITY: 1, DISPENSED ON 5/18/15. The request for authorization is not provided. X-ray of the lumbar spine, 07/24/07, shows essentially negative for recent fracture, luxation and gross bony pathology, suggested mild facetar imbrications, postural alterations. EMG/NCS of the lower extremities, 05/15/10, shows the findings are most consistent with a bilateral lumbar Radiculopathy. They most likely involve nerve roots of the L5 and S1 nerve roots bilaterally. The findings are most consistent with a chronic injury that likely has an acute overlay. MRI of the lumbar spine, 06/25/12, shows multilevel degenerative disease of the lumbar spine. Diffuse posterior disc bulge at L3-L4, associated with annular tear. Physical examination reveals positive tenderness to palpation lumbar paraspinal muscles with hypertonicity, tenderness to palpation L5-S1 facet joint, decreased sensation. Positive straight leg raise. He was hospitalized for 2 days with this severe back pain, MRI was taken which showed DDD multiple levels with mild L4 right radicular impingement. He is experiencing severe flare-up

of pain in the low back that radiates to right lower extremity. He was using TENS and performs home exercise program, until this recent severe pain. Per progress report dated 05/18/15, the patient is not working. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Cold/heat packs states: "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." Treater does not discuss the request. In this case, the patient was hospitalized on 05/14/15 for severe back pain, followed by a severe flare-up of pain in the low back. ODG guidelines recommend at-home local applications of cold packs in first few days of complaint. Given the patient's hospitalization and severe flare-up, the request appears reasonable and within ODG guidelines indication. Therefore, the request WAS medically necessary.

**Retrospective request for Ice pack, quantity: 1, dispensed on 5/18/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Cold/heat packs.

**Decision rationale:** The patient presents with lower back radiating down his right thigh. The request is for RETROSPECTIVE REQUEST FOR ICE PACK, QUANTITY: 1, DISPENSED ON 5/18/15. The request for authorization is not provided. X-ray of the lumbar spine, 07/24/07, shows essentially negative for recent fracture, luxation and gross bony pathology. Suggested mild facetar imbrication. Postural alterations. EMG/NCS of the lower extremities, 05/15/10, shows the findings are most consistent with a bilateral lumbar radiculopathy. They most likely involve nerve roots of the L5 and S1 nerve roots bilaterally. The findings are most consistent with a chronic injury that likely has an acute overlay. MRI of the lumbar spine, 06/25/12, shows multilevel degenerative disease of the lumbar spine. Diffuse posterior disc bulge at L3-L4, associated with annular tear. Physical examination reveals positive tenderness to palpation lumbar paraspinal muscles with hypertonicity. Tenderness to palpation L5-S1 facet joint. Decreased sensation. Positive straight leg raise. He was hospitalized for 2 days with this severe back pain, MRI was taken which showed DDD multiple levels with mild L4 right radicular impingement. He is experiencing severe flare-up of pain in the low back that radiates to right lower extremity. He was using TENS and performs home exercise program, until this recent severe pain. Per progress report dated 05/18/15, the patient is not working. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Cold/heat packs states: "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." Treater does not discuss the request. In this case, the patient was hospitalized on 05/14/15 for severe back pain, followed by a severe flare-up of pain in the low back. ODG guidelines recommend at-home local applications of cold packs in first few days of complaint. Given the patient's hospitalization and severe flare-up, the request appears reasonable and within ODG guidelines indication. Therefore, the request WAS medically necessary.