

Case Number:	CM15-0122410		
Date Assigned:	07/31/2015	Date of Injury:	07/20/1983
Decision Date:	09/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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 66-year-old, male who sustained a work related injury on 7-20-83. The diagnoses have included lumbar degenerative disc disease, sacroiliac joint pain, lumbar failed back syndrome, lumbar spondylosis with myelopathy and lumbosacral radiculopathy. Treatments have included oral medications, lumbar spine surgeries, sacroiliac injections without steroids (allergy), physical therapy and home exercises. In the PR-2 dated 5-27-15, the injured worker reports low back pain and left leg pain. He rates his pain level a 7 out of 10. He is also having pain in his left and right joints. He describes the pain as constant, aching and sharp. He states pain is a 7 out of 10 at its worst. His average pain level is 8 out of 10. He states the pain is made worse by twisting, turning, bending, increased activity and cold weather. He states taking medications makes pain better. On physical examination, he has tenderness noted in the right and left lumbar paravertebral regions at the L3-L4 levels. He has pain with extension, right lateral rotation and left lateral rotation of lumbar spine. His range of motion in lumbar spine is restricted. Sensation is decreased and diminished in the L5 distribution on the left. He has 100% response to sacroiliac joint injections bilaterally. He is not working. The treatment plan includes a request for authorization for a sacroiliac radiofrequency ablation and LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 05/27/15 with lower back pain rated 7/10, and pain in unspecified left and right joints rated 7-8/10. The patient's date of injury is 07/20/83. Patient is status post lumbar decompression on 07/18/14, status post multiple lumbar spine surgeries, and has undergone surgery to the gallbladder, trigger finger, right wrist, right elbow, and left knee. The request is for LIDOPRO. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals surgical scar in the lumbar region, tenderness to palpation at the L3-L4 levels, tenderness in the bilateral SI joints, and decreased sensation in the L5 dermatomal distribution. The patient is currently prescribed Naproxen, Flurazepam, Tizanidine, Promethazine, Phenobarbital, Phenergan, Butrans, and Dilaudid. Per 05/27/15 progress note, patient is unable to return to work and is permanent and stationary. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. In regard to the request for a trial of Lidopro cream for this patient's chronic pain, the active ingredient in this cream - Lidocaine - is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with significant lower back and extremity pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this form. Any compounded cream which contains an unsupported ingredient is not indicated. Therefore the request IS NOT medically necessary.

FR SI ablation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, under Sacroiliac radiofrequency neurotomy.

Decision rationale: The patient presents on 05/27/15 with lower back pain rated 7/10, and pain in unspecified left and right joints rated 7-8/10. The patient's date of injury is 07/20/83. Patient is status post lumbar decompression on 07/18/14, status post multiple lumbar spine surgeries, and has undergone surgery to the gallbladder, trigger finger, right wrist, right elbow, and left knee. The request is for FR SI ABLATION. The RFA is dated 05/27/15. Physical examination dated 05/27/15 reveals surgical scar in the lumbar region, tenderness to palpation at the L3-L4 levels, tenderness in the bilateral SI joints, and decreased sensation in the L5 dermatomal distribution. The patient is currently prescribed Naproxen, Flurazepam, Tizanidine, Promethazine, Phenobarbital, Phenergan, Butrans, and Dilaudid. Per 05/27/15 progress note, patient is unable to return to work and is permanent and stationary. Official Disability Guidelines, Hip and Pelvis chapter, under Sacroiliac radiofrequency neurotomy has the following: Not recommended due to

the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. In regard to the request for a bilateral SI joint ablation, such procedures are not supported by guidelines at this time. There is evidence in the documentation provided that this patient has a significant surgical history in the lower back, and has undergone diagnostic SI joint injections with some relief. However, such RF ablation procedures are considered investigational at this time and are not supported for use in chronic pain conditions. Therefore, the request IS NOT medically necessary.