

Case Number:	CM15-0174550		
Date Assigned:	09/16/2015	Date of Injury:	01/17/2002
Decision Date:	11/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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, Pain Management

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 51 year old male, who sustained an industrial injury on 1-17-02. Medical record indicated the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbosacral neuritis and degeneration of lumbosacral intervertebral disc. Treatment to date has included lumbar laminectomy, lumbar epidural steroid injections (which provided at least 60% improvement in pain), oral medications including Norco 10-325mg, Ambien and Duloxetine; physical therapy and home exercise program. Currently on 7-22-15, the injured worker complains of continued low back pain and bilateral lower extremity radiculopathy, which has increased since last visit. He rates pain and symptoms 8 out of 10 at rest and 10 out of 10 with walking and certain activities. Radiation of pain to left leg has also increased along with decreased function and activity tolerance and an inability to tolerate some activities of daily living. Physical exam performed on 7-22-15 revealed antalgic gait and restricted range of motion of lumbar spine with well-healed surgical scars. A request for authorization was submitted on 7-28-15 for (MRI) magnetic resonance imaging of lumbosacral spine, (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of bilateral lower extremities; and Ambien 10mg #30 with 2 refills, Duloxetine 60mg #30 with 2 refills, Hydrocodone 10mg-acetaminophen 325mg #90 and Lidoderm 5% patches #30 and lab tests. On 8-5-15 utilization review non-certified (MRI) magnetic resonance imaging of lumbosacral spine noting there does not appear to be any significant clinical changes that would necessitate a repeat (MRI) magnetic resonance imaging and Lidoderm 5% patches #30 noting currently it is FDA approved for only post-herpetic neuralgia and guidelines do not recommend these patches for chronic neuropathic

pain disorders; and lab tests noting the hepatic function panel is not necessary as the acetaminophen dose is to be tapered and renal function panel is not medically necessary as there is no evidence of renal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication that the patient has failed first-line therapy of gabapentin. Additionally, there is documentation of localized peripheral neuropathic pain for which lidoderm is clinically indicated. As such, the currently requested Lidoderm is medically necessary.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, there is indication that the patient has nerve compromise on the neurologic exam, which is being worked up by, and EMG and nerve conduction study that is approved by the current utilization review. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the last MRI of the lumbar spine completed on 12/21/2010. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.

One hepatic function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interventions and Practices considered.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>.

Decision rationale: Regarding the request for hepatic function panel (liver function test), California MTUS and ODG do not address the issue. A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. A liver panel or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments. Within the documentation available for review, the order is for baseline testing. However, there is no documentation regarding history of liver disease, medical condition that increase the risk for liver problem, or any specific medication that require the monitoring of liver function. Therefore, there is no clear indication for baseline testing. In light of the above issues, the currently requested hepatic function panel is not medically necessary.

One renal function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interventions and practices considered.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://labtestsonline.org/understanding/analytes/creatinine/tab/test/>.

Decision rationale: Regarding the request for renal function panel (kidney function test), California MTUS and ODG do not address the issue. Creatinine may be ordered routinely as part of a comprehensive or basic metabolic panel during a health examination. It may be ordered when someone is acutely ill and/or when a health practitioner suspects that a person's kidneys are not working properly. The creatinine blood test may be ordered, along with a BUN test and urine albumin, at regular intervals when someone has a known kidney disorder or has a disease that may affect kidney function. Both BUN and creatinine may be ordered when a CT scan is planned, prior to and during certain drug therapies, and before and after dialysis to monitor the effectiveness of treatments. Within the documentation available for review, the order is for baseline testing. However, there is no documentation regarding history of kidney disease, medical condition that increase the risk for kidney problem, or any specific medication that require the monitoring of renal function. Therefore, there is no clear indication for baseline testing. In light of the above issues, the currently requested renal function panel is not medically necessary.