

Case Number:	CM15-0179476		
Date Assigned:	09/21/2015	Date of Injury:	03/17/2009
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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 55 year old female who sustained an injury on 3-17-09. Diagnoses are myofascial pain, lumbosacral facet syndrome; and chronic lumbar spine strain. The PR2 report on 3-11-15 indicates she has low back pain that was rated 5 out of 10 that was aggravated with extended periods of sitting, standing and lifting heavy objects. It was relieved with rest and her current medications. Objective finds are tenderness to palpations throughout the paravertebral musculature, and bilateral greater sciatic notch. She walks with a normal, non-antalgic gait; can heel and toe walk without difficulty. Extension is 50% of normal and rotation is 100% normal bilaterally; lateral side bending is 100% of normal bilaterally. She has work restrictions. The treatment plan included a functional capacity evaluation, lumbar epidural steroid injection and complete physical therapy post procedure. Medications included Flexeril, Norco, Naproxen and Omeprazole and she was to discontinue Flexeril and Norco. On 3-4-15 she continues to complain of lower back pain radiating to the lower extremities and it was noted that she was approved for lumbar epidural injection. She has not been working since the previous examination. 7-7-15 the IW continues to have back pain radiating to the right buttock and was doing ultrasound 1-2 times a week. There was decreased sensation in the strength and reflexes of the bilateral lower extremity. Some of the hand written notes is not legible. She was to continue with the transcutaneous electrical nerve stimulation, Naproxen, Omeprazole, Neurontin and Flexeril; acupuncture 2 times a week for 4 weeks; back brace to help decrease pain and increase activities of daily living independence and decrease medication use; urine screen and bilateral L3, L4, L5 and S1 medial branch blocks. Current requested treatments left L3-4 medial bundle branch blocks; right L3-4 and bilateral L4-5 medial bundle branch blocks quantity 3; Lidopro 4 % ointment 121 gram quantity 2. Utilization review 9-4-15 requested treatments are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 MBB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, there is no diagnostic evidence of facet-joint pathology; therefore, the request for Left L3-4 MBB is determined to not be medically necessary.

Right L3-4 and Bilateral L4-5 MBB Qty 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, there is no diagnostic evidence of facet-joint pathology, therefore, the request for Right L3-4 and Bilateral L4-5 MBB Qty 3 is determined to not be medically necessary.

Lidopro 4 Percent Ointment 121 Gram Qty 2: Upheld

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, Capsaicin, topical.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines, therefore, the request for Lidopro 4 Percent Ointment 121 Gram Qty 2 is determined to not be medically necessary.