

Case Number:	CM15-0024349		
Date Assigned:	02/13/2015	Date of Injury:	02/02/2012
Decision Date:	04/14/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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 29-year-old male, who sustained an industrial injury on 2/2/12. On 2/9/15, the injured worker submitted an application for IMR for review of Lidoderm patches 5 %, 12 hrs on and 12 hrs off, and MRI thoracic spine. The treating provider has reported the injured worker complained of neck pain that radiates to shoulders and, mid and low back pain radiates to both heels. There is also reported left hip and inguinal region pain. The diagnoses have included lumbar sprain; acute thoracic strain. Treatment to date has included chiropractic care; physical therapy and medications. On 1/9/15 Utilization Review non-certified Lidoderm patches 5 %, 12 hrs on and 12 hrs off, and MRI thoracic spine. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5 %, 12 hrs on and 12 hrs off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) and Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with persistent neck pain rated 6/10, middle and lower back pain rated 8/10. The patient's date of injury is 02/02/12. Patient has no documented surgical history directed at these complaints. The request is for LIDODERM PATCHES 5% 12 HRS ON 12 HRS OFF. The RFA was not provided. Physical examination dated 12/26/14 reveals decreased range of motion to the cervical spine and tenderness to palpation of the cervical paraspinal muscles and trapezius muscles. Thoracic spine examination reveals tenderness to the thoracic paraspinal muscles. Lumbar examination reveals tenderness to the paraspinal muscles, left greater than right, and decreased sensation at L4/L5 dermatome distributions bilaterally. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the lumbar spine dated 12/05/14, with no clinically significant findings. Patient is currently advised to return to work with modified duties. MTUS Chronic Pain Medical Treatment 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." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regard to the request for Lidoderm patches for the management of this patient's chronic intractable multilevel back pain, the patient does not present with localized neuropathic pain. The patient has neck, mid back, and lower back pain. This is not a localized neuropathic pain amenable to topical Lidocaine patches. While progress report dated 12/26/14 documents a reduction in this patient's pain attributed to Lidocaine patches, this medication is not supported by guidelines for this patient's chief complaint. Therefore, the request IS NOT medically necessary.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition, Neck and Upper Back (Acute & Chronic), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents with persistent neck pain rated 6/10, middle and lower back pain rated 8/10. The patient's date of injury is 02/02/12. Patient has no documented surgical history directed at these complaints. The request is for MRI THORACIC SPINE. The RFA was not provided. Physical examination dated 12/26/14 reveals decreased range of motion to the cervical spine and tenderness to palpation of the cervical paraspinal muscles and trapezius muscles. Thoracic spine examination reveals tenderness to the thoracic paraspinal muscles.

Lumbar examination reveals tenderness to the paraspinal muscles, left greater than right, and decreased sensation at L4/L5 dermatome distributions bilaterally. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the lumbar spine dated 12/05/14, with no clinically significant findings. Patient is currently advised to return to work with modified duties. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images, "Emergence of red flags, physiologic evidence of tissue insult, or neurological dysfunction, failing to progress strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but not for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if there is severe or progressive neurological deficit."In this case, the treater is requesting what appears to be a first time MRI of the thoracic spine. While there is no documentation that this patient has had a thoracic MRI to date, the requesting provider does not include any unequivocal findings on neurological deficit at the thoracic level; only unspecified mid-back pain and tenderness. There is no documentation of significant injury or red flags which would warrant MRI imaging at the requested levels. There is no documentation of intent to perform any procedures at this level or any indication that there have been any in the past. ACOEM guidelines do not support MRI diagnostics for uncomplicated back pain, or in cases where there is no documentation of neurological deficit. Therefore, the request IS NOT medically necessary.