

Case Number:	CM15-0098908		
Date Assigned:	06/01/2015	Date of Injury:	03/12/2012
Decision Date:	10/28/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2012. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve requests for lumbar MRI imaging without contrast and Lidoderm patches. The claims administrator referenced an April 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was on Neurontin, Lidoderm patches, Flexeril, tramadol, Norco, Ambien, and Lipitor. The applicant exhibited stable indwelling fusion hardware. Lumbar MRI imaging was sought on the grounds that the applicant had alleged urinary incontinence and urinary urgency with heightened complaints of left lower extremity dysesthesias and pain. X-rays taken in the clinic demonstrated stable indwelling fusion hardware, it was reported. Trace weakness was noted about the right lower extremity with remainder of the lower extremity muscles scoring 5/5. The attending provider suggested that the applicant employ Lidoderm patches at the site of the lumbar incision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, MRI (magnetic resonance imaging).

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

Decision rationale: Yes, the request for lumbar MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is recommended as a test of choice for applicants who have had prior back surgery, as was seemingly the case here. The treating provider reported on April 23, 2015 that the applicant had a history of prior lumbar spine surgery. The MTUS Guideline in ACOEM Chapter 12, page 304 also stipulates that imaging studies should be reserved for case in which surgery is being considered or red flag diagnoses are being evaluated. Here, the attending provider reported on July 24, 2015 that he was ordering lumbar MRI imaging to evaluate red flag allegations of urinary incontinence and urinary urgency. Moving forward with the MRI imaging in question was, thus, indicated. Therefore, the request was medically necessary.

Lidoderm 5% Patch #60: 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): Introduction, Topical Analgesics.

Decision rationale: Conversely, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first- line therapeutic antidepressants and/or anticonvulsants, here, however, the attending provider reported on April 23, 2015 that he intended for the applicant to employ the Lidoderm patches in question at the site of the earlier lumbar incision. It did not appear, thus, that the attending provider intended for the applicant to employ Lidoderm patches for neuropathic pain which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as numbing, lancinating, and electric shock-like sensations. The applicant's concomitant usage of gabapentin, an anticonvulsant adjuvant medication, as of the April 23, 2015 office visit in question, moreover, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.