

Case Number:	CM15-0099232		
Date Assigned:	06/01/2015	Date of Injury:	07/14/2002
Decision Date:	07/08/2015	UR Denial Date:	04/16/2015
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: 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 (IW) is a 47-year-old female who sustained an industrial injury on 07/14/2002. Diagnoses include severe axial low back pain (left greater than right), left lower extremity radicular weakness and paresthesias, history of chronic lumbar radiculopathy and L5-S1 degenerative disc disease. On 8/26/14, an MRI of the lumbar spine noted very mild scoliosis, L4-5 and L5-S1 degenerative disc disease, L4-5 central disc protrusion and annular fissure with mild central spinal stenosis unchanged and a small L5-S1 disc protrusion abutting the left S1 nerve root with associated fissure. Treatment to date has included medications, epidural injections, physical therapy, trigger point injections, chiropractic decompression therapy and oral steroids. According to the Consulting Physician's Initial Report dated 3/13/15, the IW reported severe low back pain with associated left lower extremity weakness and paresthesias aggravated by prolonged standing, sitting and lying down. She complained of difficulty sleeping due to pain. On examination, there was tenderness to the lumbosacral junctions bilaterally. There was weakness noted in the left knee, ankle and toes and she was unable to perform heel raises on the left. Straight leg raise was negative and facet loading was minimally positive bilaterally. A request was made for bilateral lower extremity electromyography and nerve conduction velocity to evaluate for progressive or worsening radiculopathy, Lidoderm patch (Lidocaine patch 5%) x 30 (because the generic patch does not adhere well for 12 hours) and Trazodone 50mg, #90 to help with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) times 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 07/14/02 and presents with low back pain, left lower extremity weakness, and paresthesias. The request is for Lidoderm (Lidocaine Patch 5%) times 30. The RFA is dated 03/23/15 and the patient is on total temporary disability. There is no indication of when the patient began taking this medication. There are three progress reports provided from 06/24/14, 09/16/14, and 03/13/15. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain". In reading ODG Guidelines, it specifies the 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, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has some antalgia, posture is slightly stooped forward, movements are guarded, lumbosacral junctions are moderately tender bilaterally, and there is mild tenderness in the bilateral trochanteric bursae. She is diagnosed with severe axial low back pain (left greater than right), left lower extremity radicular weakness and paresthesias, history of chronic lumbar radiculopathy, and L5-S1 degenerative disc disease. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm is not medically necessary.

Trazodone 50mg Tab 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, Trazodone.

Decision rationale: The patient was injured on 07/14/02 and presents with low back pain, left lower extremity weakness, and paresthesias. The request is for Trazodone 50 mg TAB 90 "to help with sleep." The RFA is dated 03/23/15 and the patient is on total temporary disability. There is no indication of when the patient began taking this medication. There are three progress reports provided from 06/24/14, 09/16/14, and 03/13/15. Regarding antidepressants, MTUS

Guidelines pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within few days to a week, whereas antidepressant effect takes longer to occur." Trazodone is also used for insomnia, and ODG supports it if insomnia and depression are documented. The patient has some antalgia, posture is slightly stooped forward, movements are guarded, lumbosacral junctions are moderately tender bilaterally, and there is mild tenderness in the bilateral trochanteric bursae. She is diagnosed with severe axial low back pain (left greater than right), left lower extremity radicular weakness and paresthesias, history of chronic lumbar radiculopathy, and L5-S1 degenerative disc disease. The 03/13/15 report states that "she notes it is quite difficult to sleep at night because she is in pain when lying down". MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. There is no discussion provided regarding medication efficacy from Trazodone. Therefore, the requested Trazodone is not medically necessary.

Bilateral lower extremity electromyography and nerve conduction velocity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under EMGs -electromyography Low Back chapter under Nerve conduction studies -NCS.

Decision rationale: The patient was injured on 07/14/02 and presents with low back pain, left lower extremity weakness, and paresthesias. The request is for a Bilateral Lower Extremity Electromyography and Nerve Conduction Velocity "to evaluate for progressive or worsening radiculopathy". The utilization review denial rationale is that "the documentation does not support testing for the right lower extremity. Nerve conduction velocity studies are not supported by guideline criteria for assessing potential radiculopathy". The RFA is dated 03/23/15 and the patient is on total temporary disability. There are three progress reports provided from 06/24/14, 09/16/14, and 03/13/15. ODG Low Back chapter under EMGs (electromyography) ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy". ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back". The patient has some antalgia, posture is slightly stooped forward, movements are guarded, lumbosacral junctions are moderately tender bilaterally, and there is mild tenderness in the bilateral trochanteric bursae. She is diagnosed with severe axial low back pain (left greater than right), left lower extremity radicular weakness and paresthesias, history of chronic lumbar radiculopathy, and L5-S1 degenerative disc disease. There is no indication that a prior EMG/NCV testing has been done. The treater is requesting for an EMG/NCV for the bilateral lower extremities "to evaluate for progressive or worsening radiculopathy". Given the patient's continued complaints of pain with radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV is medically necessary.