

Case Number:	CM14-0145093		
Date Assigned:	09/12/2014	Date of Injury:	05/03/2012
Decision Date:	10/22/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35 year old female who sustained an injury on 05/03/12 while lifting a patient. The injured worker had been followed for complaints of low back pain. The injured worker did undergo prior medial branch blocks from L3-5 on 05/21/14 with reported 60% relief of pain. As of 08/04/14 the injured worker had persistent complaints of low back pain. The injured worker reported fail sleep quality. Medications included Dilaudid 4mg TID, Lidoderm patches, Lorzone, and Prilosec. The injured worker's physical exam noted minimal lower extremity symptoms with tenderness to palpation and spasms of the lumbar spine. The requested radiofrequency ablation procedures and medications were denied on 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation At L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Low Back: Radiofrequency Ablation (RFA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The clinical documentation provided for review would not support the proposed radiofrequency ablation procedures from L3-5 per current evidence based guideline recommendations. The injured worker had approximately 60% response to medial branch blocks at the requested levels. Per guidelines, patients should have at least 70% response to medial branch blocks before considering radiofrequency ablation procedures. Given the limited efficacy of diagnostic medial branch blocks that does not meet current evidence based guideline recommendations, this reviewer would not have recommended this medication as medically necessary.

Lidoderm Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 54.

Decision rationale: In regards to the use of Lidoderm patches, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation provided for review does not establish any objective findings consistent with chronic or persistent neuropathic pain either secondary to peripheral neuropathy or herpetic neuralgia to support the use of Lidoderm patches per current evidence based guideline recommendations. As such, this reviewer would not have recommended this medication as medically necessary.

TN1 Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the use of a TN1 compound cream, this reviewer would not have recommended this request as medically appropriate. Some topical creams can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.