MAXIMUS Federal Services

| Case Number: | CM13-0002623 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/08/2010 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 07/03/2013 |
| Priority: | Standard | Application Received: | 07/22/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 48-year-old female who reported an injury on 12/08/2010. The patient is currently diagnosed with post-lumbar laminectomy syndrome and lumbar radiculopathy. The patient was seen by [redacted] on 07/11/2013. The patient reported persistent lower back pain with radiation to the bilateral lower extremities. Physical examination was not provided. Treatment recommendations included continuation of current medications including Norco, Duragesic, docusate, Senokot, gabapentin, Lidoderm, Flexeril, and Tegaderm dressing to apply over fentanyl patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain and localized peripheral pain after a trial of first-line

therapy with tricyclic or SNRI antidepressants or anticonvulsants. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with radiation to the bilateral lower extremities, as well as poor sleep quality. Documentation of significant functional improvement has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. Additionally, there was no indication of failure to respond to first-line therapy with antidepressants or anticonvulsants prior to the initiation of a topical analgesic. Based on the clinical information received, the decision for Lidoderm 5% Patch #30 is not medically necessary and appropriate.

**Tagaderm 4''x 4'' dressing 4X4/Tagaderm 4 #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As per the documentation submitted, the patient currently utilizes Tegaderm dressings to apply over fentanyl patches. However, there is no evidence-based guidelines to support the use of a dressing over fentanyl patches. Although it is noted that the patient's Duragesic patch peels off early at times, the use of a Tegaderm dressing is not supported. Based on the clinical information received, the request for Tagaderm 4"x4" dressing 4X4/Tagaderm 4 #30is not medically necessary and appropriate.