

<b>Case Number:</b>	CM13-0019888		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 56-year-old female who was injured on May 4, 2011. The patient continued to experience pain in her mid-back radiating into her chest. Physical examination was notable for tenderness to palpation bilateral lumbar paraspinal musculature and decreased range of motion of the lumbar spine. The patient had undergone posterior lumbar decompression with inter-body fusion in 2001. Diagnoses included lumbar disc disease and thoracic spondylosis without myelopathy. Treatment included medications and epidural steroid injections. Requests for authorization for Lidoderm patch 5% and Back Jack plus brace were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM PATCHES 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 112.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research

is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that a trial of first-line therapy has been unsuccessful or that the patient suffers from post-herpetic neuralgia. There is no indication for the use of this medication. The request is not medically necessary.

**BACK JACK PLUS BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Back Jack Plus Brace is a lumbar support device. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The evidence for the use of lumbar supports for low back pain is very low-quality evidence. The brace is not recommended. The request is not medically necessary.