

<b>Case Number:</b>	CM13-0029195		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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 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.

### 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 42-year-old male, who reported an injury on 09/28/2010 due to lifting an item from a cart to a van causing a pulling sensation in his mid to lower back. The patient was initially treated with physical therapy and medications. The patient underwent an MRI that revealed neural foraminal stenosis at the L5-S1 level. The patient underwent an electromyography (EMG) that provided electrodiagnostic evidence of radiculopathy in the L5 distribution. The patient's medications included gabapentin, Flexeril, Lidoderm patch, and Tramadol. The patient's most recent clinical exam findings included complaints of low back pain radiating into the right lower extremity that has been unresponsive to physical therapy, chiropractic treatment, acupuncture, and epidural steroid injections. The patient reported 6/10 to 7/10 that is exacerbated by movement. Physical findings included decreased sensation in the right L5 dermatome and weak dorsiflexion particularly on the right leg of the toes and ankles. The patient's treatment plan included continuation of medication and posterior spinal fusion with instrumentation at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #60:** Upheld

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

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

**Decision rationale:** The requested Lidoderm patch 5% is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain with right-sided radiculopathy. The Chronic Pain Guidelines recommend that the continued use of Lidoderm patches be based on increased functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit as a result of the patient's medication schedule. Additionally, there is no evidence of pain relief as a result of the usage of the Lidoderm patch.

**Neurontin 300mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Gabapentin Page(s): 18, 60.

**Decision rationale:** The requested Neurontin 300 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the patient is taking Neurontin. The patient has continued chronic low back pain with radiculopathy in the L5 dermatome. The Chronic Pain Guidelines recommend the continuation of medications for the use of management of chronic be supported by symptom response and increased functional benefit. The clinical documentation submitted for review does not provide any evidence of increased functional benefit or a decrease in pain levels as a result of the medication.