

<b>Case Number:</b>	CM13-0037120		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Physical Medicine and Rehabilitation 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 was injured on 02/12/2010 while she was pulling pots down off a shelf, twisting and turning them. She felt a snap in her back and had right low back pain. She has been treated conservatively with SI joint injections which did not provide her with any relief of her pain; physical therapy; and medications. Prior medication history included Ibuprofen, Baclofen, Gabapentin, Lyrica, Tramadol, and Flexeril. She underwent right medial branch blocks on 04/01/2013 at L3, L4, and L5. At a 10/04/2013 visit, the patient presented for follow up of her pain symptoms. On exam, she had decreased flexion to 40 degrees; extension to 10 degrees; lateral bending to the right to 10 degrees of the lumbar spine; lateral bending to the left to 20 degrees. Straight leg raise positive at 90 degrees in sitting position. There is tenderness to palpation and stress testing of the right SI joints. She was given Cyclobenzaprine 7.5 mg, Tramadol 50 mg, and Lyrica 75 mg. A visit note dated 10/15/2013 indicates the patient complained of low back pain on the right side over the SI joint and lateral to that. She reports that movement does aggravate her pain and has associated numbness and tingling over the anterolateral aspect of the right thigh. She denied radicular symptoms. On exam, trigger points were absent as well as muscle spasm. Straight leg raise was normal. There is facet tenderness and moderate tenderness over the right lower lumbar facets. Facet loading test is positive on the right side. SI joints are tender on the right side. She has positive Ganslen's; positive Faber's; and positive distraction test. Spine extension is painful on the right. She is also moderately tender on the right greater trochanter region. There is also piriformis tenderness. There is normal strength in all groups. Assessments and Diagnoses are chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc; obesity, adjustment disorder with mixed anxiety, essential hypertension, meralgia paresthetica, and dietary surveillance and counseling.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOCAINE 5% PAD, QUANTITY: 30, AS PRESCRIBED 10/04/2013:** 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) 112 Page(s): 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends the use of topical anesthetics for the treatment of neuropathic pain as a second line therapy. The medical records document that the patient has meralgia paresthetica. Further, the documents show that the patient does not show failure of use of a first line agent prior to request for the topical anesthetic. Based on the MTUS Chronic Pain Guidelines as well as the clinical documentation stated above, the request is not medically necessary and appropriate.