

<b>Case Number:</b>	CM13-0037639		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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, has a subspecialty in Interventional Spine, 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:

This is a 46 year-old male who was injured on 5/23/06. He has been diagnosed with chronic low back pain with bilateral lower extremity radicular symptoms; depression and anxiety; insomnia; ED. According to the 8/15/13 internal medicine report from [REDACTED] the patient's orthopedic and psychiatric consultations are being denied, but his current medication regimen is working well. He was taking Cialis; Lidoderm patches; fluoxetine; Seroquel XR; tramadol; hydrocodone/APAP. On 9/13/13 UR recommended non-certification of Lidoderm patches and modified the fluoxetine for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF LIDODERM PATCHES:** Overturned

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

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

**Decision rationale:** The employee presents with depression/anxiety and lower back pain that radiates down both legs. I have been asked to review for Lidoderm patches. The MTUS

guidelines indicate that Lidoderm patches are for: "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." According to the 1/8/13 AME report from the treating physician, the employee has tried Neurontin, Lyrica and trazodone. The employee meets the MTUS guidelines criteria for Lidoderm patches, and according to the 8/15/13 report from another treating physician, the medications were working quite well. The request appears to be in accordance with MTUS guidelines.

**ONE PRESCRIPTION OF FLUOXETINE 90MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The employee presents with depression/anxiety and lower back pain that radiates down both legs. The employee is reported to be using Fluoxetine for depression associated with the chronic back pain, and has been doing well according to the internal medicine physician. A treating physician has been trying to get the employee a referral for the psychiatrist for further evaluation/management of depression and anxiety; and orthopedic referral for orthopedic problems, but states they have been denied. The 12/18/13 report shows the treating physician has re-requested the referrals, and in the meantime was continuing the Fluoxetine. The MTUS guidelines recommend antidepressants for neuropathic and possibly non-neuropathic pain. Regarding SSRI's, the MTUS guidelines state: "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." It appears that the fluoxetine has been used in accordance with MTUS recommendations.