MAXIMUS Federal Services

| Case Number: | CM13-0039398 | | |
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| Date Assigned: | 12/18/2013 | Date of Injury: | 12/09/2010 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

## 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 38 year old male with a work injury to his low back on 12/9/10. His diagnoses include postlaminectomy syndrome, lumbar region; lumbar disc displacement with radiculitis; degeneration of lumbar or lumbosacral intervertebral disc; chronic pain syndrome. He has had numerous low back injuries prior to this work injury. His past surgeries include left L3-4 microdiscectomy, a L4 hemi-laminectomy and L4-5 discectomy, left L3, L4, L5, and S1 facet injections, and a bilateral L4-5 epidural steroid injections (without improvement). He has also had lumbar facet injections, radiofrequency lesioning of the medial branch nerves. An MRI of the lumbar spine as well as electrodiagnostic studies were performed in July of 2011. The MRI showed a large L4-L5 disk extrusion on the left side and patient was referred to neurosurgeon. Electrodiagnostic studies showed Sl radiculopathy with abnormal EMG. The patient underwent lumbar microdiskectomy and laminectomy in December of 2011 which resulted in about 60-70 percent improvement of his radicular symptoms however the back pain has not improved much. The patient underwent physical therapy and chiropractic treatments. He returned back to work. He has also had epidural steroid injections and lumbar facet injections, radiofrequency lesioning of the medial branch nerves. A 12/9/13 visit with his medical clinic reveals that patient has tried Lyrica and Cymbalta and has failed both of them due to side effects. Patient is working full time. He is complaining of left lower buttock pain that radiates to the left buttocks. He has gotten relief from Lidoderm patches in the past. In the left lower extremity he had diminished sensation to touch and pinprick in the distribution of L5 most significantly distally and over the dorsal aspect of the foot. His motor exam revealed weakness in the extensor hallucis longus muscle. The knee and ankle jerks were 1+ .Straight leg raise was positive on the left leg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #15.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Lidocaine. Page(s): 112.

**Decision rationale:** One prescription Lidoderm 5% # 15 is medically necessary per MTUS guidelines. This medication was denied on prior utilization review due to patient not having attempted first-line medications. The California MTUS recommends Lidoderm in a patch for neuropathic pain after there is evidence that the patient has tried first-line therapy such as an anti epileptic medication,or tri-cyclics or SNRI anti-depressants.The current documentation indicates that patient has neuropathic pain and also has tried and failed Lyrica which is an antiepileptic drug and Cymbalta which is an SNRI antidepressant.Therefore the requested prescription of Lidoderm 5% is medically necessary and appropriate.