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| <b>Case Number:</b>   | CM13-0048842 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 02/12/2001 |
| <b>Decision Date:</b> | 06/02/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2013 |

### 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; Pain Management 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 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 69 year-old female with a 2/12/2001 industrial injury claim. She has been diagnosed with acquired spondylolisthesis; degeneration of lumbar disk; psychogenic pain; pain in joint, lower leg. According to the pain management report dated 10/8/13, the patient presents with chronic low back pain, and if she walks over a block, the pain radiates into the groin and buttocks bilaterally. She has fear of needles, and had not had an ESI, but decided she would like to proceed. On 10/17/13 UR denied the epidurogram, myelogram, and authorized the epidural injeciton, sedation and contrast dye; and denied the compounded topical and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR MYELOGRAPHY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Myelography and Computerized Tomography (CT) Melography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Low Back Chapter, for Myelography.

**Decision rationale:** The patient presents with chronic low back pain and is anticipating a lumbar epidural steroid injection. I have been asked to review for lumbar myelography. ACOEM states this is only indicated for surgical planning if MRI is unavailable. The records show the patient had a lumbar MRI. ODG guidelines reiterate that the lumbar myelography is not recommended, unless MRI is unavailable or contraindicated. The myelography is not necessary for an epidural injection. Therefore, based on ACOEM and ODG guidelines and a review of the evidence, the request for Lumbar Myelography is not medically necessary.

**1 LUMBAR EPIDUROGRAM, CONTRAST DYE, IV SEDATION AND FLUOROSCOPIC GUIDANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

**Decision rationale:** The patient presents with chronic low back pain and is anticipating a lumbar epidural steroid injection (LESI). I have been asked to review for procedures associated with the LESI, including fluoroscopy guidance, IV sedation, contrast dye and epidurogram. MTUS recommends the fluoroscopy guidance under the ESI section, but does not mention IV sedation, epidurogram or contrast dyes as separate procedures. The highest ranked review standard under LC4610.5(2) standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The fluoroscopy guidance, IV sedation, contrast dye and epidurogram are associated with the LESI, and are the generally accepted standards of medical practice. The request for Lumbar Epidurogram is medically necessary.

**COMPOUNDED KETAMINE 5% CREAM 60 GM:** Upheld

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

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

**Decision rationale:** The patient presents with chronic low back pain and is anticipating a lumbar epidural steroid injection. I have been asked to review for Ketamine topical. The 10/29/13 appeal, the patient has tried PT, acupuncture, chiropractic, TENS, home exercises, and medications, but not an epidural injection or a functional restoration program. MTUS guidelines, for topical analgesics states Ketamine is "Under study" and "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." The patient has not exhausted secondary treatment, as she has not had an ESI. Therefore, based on guidelines and a review of the evidence, the request for Compound Ketamine is not medically necessary.

**LIDODERM 5% PATCH #30 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH), Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The patient presents with chronic low back pain and is anticipating a lumbar epidural steroid injection (LESI). I have been asked to review for use of Lidoderm patches. The 10/8/13 report shows the patient is receiving the Lidoderm patches from two sources, [REDACTED], as well as from an "other MD". MTUS guidelines state Lidoderm patches can be used for neuropathic pain after there has been evidence of a trial of first-line therapy TCA, SNRI antidepressants or AED such as gabapentin or Lyrica. The 10/29/13 appeal, states the patient tried Vicodin, and was allergic to Etodolac, Naproxen, and Salicylates. There was no mention of any first-line medications for neuropathic pain. The earliest report available for review is dated 4/17/13, and shows the patient has been using Lidoderm patches at that time, but there was no mention of first-line medications on the 4/17/13 report. Based on the available information, there is no evidence that the patient has tried first-line therapy, tri-cyclics, SNRI antidepressants or an AED such as gabapentin, or Lyrica, and does not meet the MTUS criteria for topical lidocaine. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm is not medically necessary.