

<b>Case Number:</b>	CM13-0059305		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 58-year-old male who suffered an industrial injury on 10/23/08, primarily, injuring his low back. His diagnosis at this point is status post-operative decompressed laminectomy L3 - L4. There is also some degree of left hip degeneration, as demonstrated on an MRI performed on 09-22-2011. A lumbar MRI performed on 01-31-2011 revealed a status post lumbar fusion from L4 to S1; L3-4 minimal retrolisthesis with mild broad-based bulge. There was no central canal stenosis, and there was moderate narrowing of the neural foramina. An electromyography/ nerve conduction study (EMG/NCV) on 08-26-2011 revealed no lower extremity abnormalities. The patient recently complained of ongoing moderate to severe low back pain and left leg pain with the right leg now starting to hurt as well, the pain level was reported as a 6-8/10. The objective findings include restricted lumbar range of motion, a positive straight leg raising test on the left, a positive Kemp's test and muscle strength graded as a 4/5. The patient has been diagnosed during the course of his treatment with lumbar spine radiculopathy, degenerative disc disease of the lumbar spine, degenerative joint disease of the left hip, and lumbar spine pain. The patient has been prescribed Norco and Zanaflex for over a year with no change in clinical status. A recent request for 12 physiotherapy and chiropractic sessions for the lumbar spine was modified to allow for six sessions. A recent request for use of a Lidoderm patch was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSIOTHERAPY AND CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Manipulation

**Decision rationale:** The Chronic Pain Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of six (6) visits over two (2) weeks. If there is objective evidence of functional improvement, a total of up to eighteen (18) visits over six to eight (6-8) weeks are recommended. There are no documentation criteria in the guidelines. In this case, the patient has ongoing low back pain. However, as noted in the Guidelines, six (6) visits are initially appropriate. As such, the record does not document the necessity for twelve (12) visits of chiropractic therapy.

**ONE PRESCRIPTION OF LIDODERM PATCHES 5% #30, WITH TWO REFILLS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm

**Decision rationale:** The Lidoderm (lidocaine patch) is a topical anesthetic. The Chronic Pain Guidelines indicate that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) indicate that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica); This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; An attempt to determine a neuropathic component of pain should be made; The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); A trial of patch treatment is recommended for a short-term period; Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, there is no documentation of the neuropathic component of the pain, failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm.

