

Case Number:	CM14-0000702		
Date Assigned:	01/22/2014	Date of Injury:	10/15/2010
Decision Date:	06/12/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 54 year old male who was injured on 10/15/2010 while he was moving a 5 x 2 filing cabinet. He pushed it about 30 feet over carpet. He was partially stopped as he was pushing and felt something tear in his back and had back pain. Prior treatment history has included the patient having a lumbar laminectomy on 10/18/2012. The patient has also had physical therapy and epidural injection. The patient's medications include the following: Crestor, Levothyroxine, Omeprazole, Lidocaine topical, Vicodin, Tylenol with Codeine, Norco, Tramadol, Lyrica, Gabapentin, Celebrex, and Lexpro. Progress note dated 12/13/13 that about a month ago he started experiencing some relief in his back but was only a short term event and he has been experiencing increased back pain especially with cooler weather. At times his back is very severe and he does not know what the long term plan is. He takes Lexapro 10 mg for depression and finds it helpful and it has reduced his anxiety. Objective findings on exam reveal the patient is in no acute distress. He has a regular rhythm and rate and no murmurs. His lungs are bilaterally clear to auscultation without wheezes, crackles or rhonchi. Abdomen is obese and nontender, non-distended and soft. There is no costovertebral angle tenderness bilaterally. The lower extremity shows no pedal edema bilaterally. Impression: 1. Chronic lumbosacral sprain/strain with discogenic disease and radiculopathy greater on the right. 2. Status post lumbar spine surgery on 10/18/2012 with residuals. Progress note dated 01/09/2014 documents the patient has had no new injuries or events requiring treatment. He continues to remain off work. He states that he is taking his medication. He has problems sleeping with the Lidoderm and stopped it. He is getting benefit from Lexapro. He is receiving therapy, 2 sessions to transition to a home exercise program. He reports constant aching pain in the lumbosacral and both buttocks and down the left leg to Achilles tendon. He has pain in the right calf but no numbness or tingling. He reports constant aching in the anterior aspect of the left shoulder. He has tingling in the left

ring and little fingers. Functionally he reports difficulty in bending, twisting, standing in one place, sitting and turning in bed. The pain is made worse by standing and walking for more than 5 minutes and better by sometimes sitting. His pain level is 5/10 currently and 9/10 at its worst. He is currently not working. UR report dated 12/25/2013 denied the request for Lidoderm and Lexapro for the lumbar spine as not being medically necessary as there is no indication the patient has post herpetic neuralgia (PHN) for which Lidoderm is FDA approved, or that he has failed other medications to meet CA MTUS criteria for this topical medication. Lexapro is an antidepressant but not a first line choice for addressing either depression or chronic pain and there is no indication other antidepressants have been tried or failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% 700MG PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

Decision rationale: As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, this patient has chronic lower back pain radiating to lower extremities associated with numbness and tingling. There is documentation that this patient has been treated with first-line agents with Lexapro, Lyrica and Gabapentin. However, the guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request for Lidocaine 5% is not medically necessary.

LEXAPRO 10MG FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

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

Decision rationale: As per CA MTUS guidelines, Lexapro is a SSRI (selective serotonin reuptake inhibitor) and it has not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo. This patient is diagnosed with chronic lumbosacral sprain/strain with discogenic disease and radiculopathy and guidelines indicate that there are no specific antidepressant medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. Also, there is no documentation that the first line antidepressants have been tried or contraindicated. Finally, this patient has been

prescribed this medication chronically and long-term effectiveness of anti-depressants has not been established. The request for Lexapro 10mg is not medically necessary.