

<b>Case Number:</b>	CM14-0006890		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Texas. 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 50 year old female who was injured on 5/17/11 due to an undisclosed mechanism of injury. Current diagnoses include cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, and bilateral shoulder pain. The request for authorization dated 1/9/14 indicated that the injured worker presented complaining of chronic low back pain with bilateral lower extremities radiation in addition to headaches and buttock pain. Physical examination revealed tenderness to palpation in the bilateral paravertebral and spinal vertebral C4-7, range of motion of cervical spine moderately limited due to pain, significantly increased pain with flexion/extension and rotation, and tenderness to palpation bilaterally in paravertebral lumbar spine and L4-S1. Range of motion of the lumbar spine was moderately limited secondary to pain, pain was significantly increased with flexion/extension, straight leg raise was positive in bilateral lower extremities at 50 degrees, and tenderness was noted in the knees. The injured worker had positive response to transforaminal epidural steroid injection bilaterally at L4-S1 on 4/30/13 which provided 60% pain relief for three months. The benefits included medication reduction and return to work. On return to work, the injured worker had considerable persistent pain with negative impact on function and failed more conservative treatment. Medications included Lidoderm 5% patches. EMG/NCV of lower extremities dated 8/31/11 was suggestive of significant lumbar paraspinal muscle spasm and/or lumbar nerve root irritation/traction injury. An MRI of the lumbar spine on 6/26/13 revealed disc degeneration at L1-2 with 2-3mm left paracentral disc bulge causing mild encroachment of left lateral recess and nerve root canal with mild facet arthropathy without significant central canal stenosis; L2-3 disc degeneration with 2-3mm broad based left paracentral disc bulge. There was mild facet arthropathy contributing to mild encroachment of left lateral recess and mild secondary central stenosis without significant neural foraminal narrowing. At L3-4, disc signal loss and disc height loss were noted; there was

small bilateral 2-3mm neural foraminal disc bulge, right greater than left; mild facet arthropathy bilaterally without significant central stenosis; and mild to moderate neural foraminal narrowing bilaterally slightly greater on the right. Milder lumbar spondylitic changes were noted at the remaining disc levels as described.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE (1) ADDITIONAL DIAGNOSTIC TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT BILATERAL LEVEL L4-S1 LEVEL USING FLUOROSCOPY: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20, EPIDURAL STEROID INJECTIONS (ESIS), , 46

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Following review of the medical records provided, the medical necessity for epidural steroid injection is supported. The patient has undergone conservative therapies without improvement. As per the current guidelines, radiculopathy is documented and objective findings on examination are present. Radiculopathy is corroborated by imaging studies and therefore meets criteria. The injured worker had positive response to transforaminal epidural steroid injection bilaterally at L4-S1 on 4/30/13 which provided 60% pain relief for three months. The benefits included medication reduction and return to work. As such, the request is medically necessary.

#### **LIDODERM 5% PATCH 700MG/PATCH QTY:30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.20, TOPICAL ANALGESICS, , 111

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of

myofascial pain/trigger points. The patient does not meet these criteria. As such, the request is not medically necessary.