

<b>Case Number:</b>	CM14-0161882		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine 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:

This is a 53 year old female patient who sustained a work related injury on 5/2/14. The patient sustained the injury when she was lifting mattresses. The current diagnoses include lumbar strain, lumbar spondylosis, chronic lumbar pain, and lumbar radiculopathy. Per the doctor's note dated 9/2/14, the patient has complaints of low back pain. Physical examination revealed normal motor and sensory examination and normal reflexes, tenderness on palpation over paraspinal region of lumbar area and sacroiliac joints, negative straight leg raise bilaterally, Patrick's sign was borderline, lower extremity examination was unremarkable, full muscle strength, sensation was intact to light and deep touch, normal range of motion and without focal area of tenderness. The medication lists include Motrin, Flexeril, Lidoderm patch and Zorvolex. The diagnostic history includes a MRI of the lumbar spine on 8-1-14 that revealed L5-S1 moderate disk height loss and mild bulging of the disk and mild left foraminal narrowing; on 9-2-14 a lumbar X-ray that revealed mild L4-5 and L5-S1 disk height loss and X-ray of the SI joint on 9/2/14 that revealed mild subchondral sclerosis and mildly widened SI joint. MRI of the lumbar spine on July 31, 2014 revealed multilevel mild annular disc bulging in the lower thoracic spine at T11-12 and T12-L1 with mild end plate ridging, is mild foraminal narrowing. The patient has had stress echocardiogram on 11/10/10 that revealed mild diastolic hypertension and normal electrocardiogram on 11/4/14. The past medical history includes hypertension, obesity, and osteoarthritis. The patient has received an unspecified number of the physical therapy visits for this injury. She has been authorized to undergo 10 physical therapy sessions. The patient was wearing a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30 with 1 refill: 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 Topical Analgesics; Lidoderm (Lidocaine patch) Page(s): 111-112, 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm patch 5% #30 with 1 refill is not medically necessary.

**Zorvolex 35mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Updated 10/06/14, Diclofenac

**Decision rationale:** Zorvolex contains Diclofenac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to the California MTUS Chronic Pain Medical Treatment Guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." As per cited guideline "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain... The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs" In addition as per cited guideline, Diclofenac is

"Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with Diclofenac." Diclofenac is a NSAID. Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. The patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for NSAID/Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. Therefore, the request for Zorvolex 35mg #90 with 1 refill, as submitted, is not deemed medically necessary.

**Lumbar corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGChapter:Low Back (updated 10/28/14) Lumbar supports

**Decision rationale:** Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." In addition per the Official Disability Guidelines cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain..... Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post-operative (fusion)." The patient has received an unspecified number of the physical therapy visits for this injury. Response to prior conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. The medical necessity of Lumbar corset is not fully established. Therefore, this request is not medically necessary.

**Acupuncture to the lumbar spine two (2) times per week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the California MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to

hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. The patient has received an unspecified number of the physical therapy visits for this injury. She has been authorized to undergo 10 physical therapy sessions. Response to any prior rehabilitation therapy including physical therapy/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Therefore, the request for Acupuncture to the lumbar spine 2 times per week for 4 weeks is not medically necessary.