

<b>Case Number:</b>	CM14-0060903		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine, has a subspecialty in Family Practice 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:

67 year old female claimant sustained a work-related injury on January 26, 2012 involving the lower back. She was diagnosed with lumbar radiculopathy, hip bursitis and coccygeal pain. A progress note on March 28, 2014 indicated the claimant had 6/10 pain while taking medications. She had been taking Tylenol extra strength, ibuprofen, aspirin, Zanaflex and Lidoderm patches for pain. Her only side effect is constipation. Prior Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies were unremarkable. An MRI of the lumbar spine in 2013 indicated diffuse degenerative disc disease. Examination findings reveal the lumbar spine has limited range of motion restricted by pain. There were tenderness and paravertebral muscle spasms. There was a decreased sensation in the L4 and L5 dermatomes on the left side. The treating physician continued Lidoderm Patches and Tylenol for pain. Colace was given for constipation. Previously the claimant had been on Miralax for constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation is recommended when initiating opioids. In this case the claimant had not been on opioids. The claimant had been on stool softeners and motility agents for several months. An abdominal examination or rectal examination was not performed to substantiate other causes of constipation. The use of Colace therefore is not medically necessary.

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, there is no documentation of failure of 1st line medications. The claimant had been on Lidoderm for several months. The claimant did not have diagnoses that would support by the term use. There was no indication of improved pain response or functionality. The continued use of Lidoderm patches is not medically necessary.