

<b>Case Number:</b>	CM14-0081787		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 & 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 injured worker is a 52-year-old female who reported an injury on 05/25/2005 due to reaching over to pick up a pallet she felt severe pain to the back radiating down to the right leg. The injured worker had a history of back pain that radiated to the lower lumbar spine, buttocks, and hips. The diagnoses included post lumbar spine surgical syndrome, left lumbar radiculitis, radiculopathy, and arachnoiditis with reflex sympathetic dystrophy to the left lower extremity, left foot drop, and osteoarthritis. The surgical procedures included status post fusion at the L5-S1 dated 01/16/2007, left knee meniscal surgery repair, multiple lumbar back surgeries with possible loose hardware. The CT of the lumbar spine dated 06/19/2014 revealed severe bilateral neural foraminal narrowing at the L2-3. L3-S1 fusion seen by peticular screws transverse L3-S1 and interbody fusion material from the L3-4 and the L5-S1, L1-2 mild facet arthropathy, and ligamentous flavum thickening, the L3-4 diffuse with widely patent central canal and neural foramen, L4-5 post fusion with laminectomy, L5-S1 post fusion with laminectomy. The past treatments included a pain stimulator, use of a wheelchair, epidural steroid injections, and medication. The medication included Boniva 150 mg, Cymbalta 30 mg, gabapentin 600 mg, OxyContin 20 mg, OxyContin 40 mg, and Soma 350 mg. The injured worker rated her pain on good days 3/10 to 4/10, bad days can be up to 10/10 using the VAS. The treatment plan included selective nerve root injections at the L2-3; continue home exercises, and medications. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the Lidoderm patch and Cymbalta was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #60 with 3 refills:** 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 Page(s): 111-113.

**Decision rationale:** The California MTUS indicate that Lidoderm patches are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic pain. 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 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines indicate that Lidoderm patches are for the use of peripheral neuropathic pain when there has been evidence of a trial of first line therapies such as gabapentin and Lyrica for tricyclics and antidepressants. The request did not indicate the frequency. As such, the request is not medically necessary.

**Cymbalta #30 with 11 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The California MTUS do not recommend as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. The Clinical Notes did not indicate the efficacy of the Cymbalta. The guidelines do not recommend Cymbalta for the treatment of chronic pain but is the role for treating secondary depression. The request did not indicate frequency. As such, the request is not medically necessary.