

<b>Case Number:</b>	CM14-0202930		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/20/2002
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Pain Management 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 67-year-old male who reported an injury on 12/20/2002. The mechanism of injury was not provided. His diagnosis was listed as traumatic arthropathy of the lower leg. Past treatments included past injections, surgery, hot/ice packs, exercises, and medications. On 11/12/2014, the injured worker complained of back pain radiating to both legs. Physical examination revealed paraspinal spasms, trigger point at L5, and sciatica, range of motion reduced by 50%, abnormal sensation, normal motor strength, and normal reflexes. His current medications were noted to include Duragesic patch, Prilosec, Motrin, Lidoderm, and hydrocodone/acetaminophen. The treatment plan included continuation of medication regimen, as well as a trigger point injection with ultrasound guidance. A request was received for a caudal epidural under ultrasound guidance and Lidoderm patch 5% quantity 30 with 3 refills. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for Caudal epidural under ultrasound guidance is not medically necessary. The California MTUS Guidelines state that for repeat epidural steroid injections, there should be documentation of objective functional improvement with at least 50% pain relief, as well as evidence of a reduction in medication use for at least 6-8 weeks. The clinical notes indicate the injured worker reported a 70% improvement with the last injection. However, as there is no documentation with evidence of a reduction in medication for at least 6-8 weeks, or quantifiable evidence of functional improvement with the injection, the request is not supported. As such, the request is not medically necessary.

**Lidoderm patch 5% #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The request for Lidoderm patch 5% #30 with 3 refills is not medically necessary. The California MTUS Guidelines state that Lidoderm patches are only Food and Drug Administration (FDA) approved for postherpetic neuralgia. There is no documentation with objective findings to support postherpetic neuralgia. In the absence of evidence of postherpetic neuralgia, the request is not supported. Therefore, the request is not medically necessary.