

<b>Case Number:</b>	CM15-0023162		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 57 year old female, who sustained an industrial injury on 4/9/10. She has reported left hip injury. The diagnoses have included left hip osteoarthritis, left hip sprain/strain, left knee sprain/strain and depression. Treatment to date has included total hip replacement (9/14), oral pain medications, physical therapy and oral steroids. X-rays of lumbar spine on 1/5/15 were normal and x-ray of left hip performed on 1/5/15 revealed implant in perfect position. Currently, the injured worker complains of low back pain radiating down left leg with any weight bearing. Physical exam dated 1/14/15 revealed tenderness on palpation with decreased range of motion of left hip and tenderness of paraspinal lumbosacral muscles with mild spasm. On 1/30/15 Utilization Review non-certified (MRI) magnetic resonance imaging of lumbar spine, noting it is a duplicate request and Lidoderm patch, noting there is no rationale as to why a topical medication would be needed when the injured worker is receiving benefit from oral medications. The MTUS, ACOEM Guidelines, was cited. On 2/7/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of lumbar spine and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The treating physician has not identified any of the signs or symptoms stated above. In addition, medical records state that prior records of the lumbar spine were normal and that the patient can ambulate with a cane and is in physical therapy. As such, the request for an MRI of the lumbar spine is not medically necessary.

## **Lidoderm Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, page(s) 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation ) Pain, Topical analgesics UpToDate.com, Lidocaine (topical)

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) 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).(c) This medication is not generally

recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued."Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm patche is not medically necessary.