

<b>Case Number:</b>	CM15-0023289		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/21/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old female who reported an injury on 04/21/2005 due to an unspecified mechanism of injury. On 11/13/2014, she presented for a follow up evaluation and reported persistent low back pain. She also reported radiation of pain into the lower extremities. It was noted that her pain was unchanged and she rated her pain at a 7/10. A physical examination showed a well healed midline surgical scar in the lumbar spine with tenderness at the lumbar paravertebral muscles on the right greater than the left with palpable hardware. Seated nerve root test was negative and neurovascular status was intact. There was pain with terminal motion with limited range of motion and no clinical evidence of stability on examination. Sensation and strength were also noted to be normal. She was diagnosed with status post L5-S1 posterior lumbar interbody fusion, retained symptomatic lumbar spinal hardware, and left foot and ankle sprain secondary to fall. The treatment plan was for topical analgesics. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 6% hyaluronic acid 2% patch quantity 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): s 56-57, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed, or is intolerant to, oral medications to support the request. Also, the injured worker's response to this medication in terms of a quantitative decrease in pain or an objective improvement in function was not clearly documented. Furthermore, 2 refills of this medication would not be supported without a re-evaluation to determine treatment success, and the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Flurbiprofen 10%/capsaicin 0.025% patch quantity 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): s 56-57, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not show that the injured worker has tried and failed, or is intolerant to, oral medications to support the request. Also, the injured worker's response to this medication in terms of a quantitative decrease in pain or an objective improvement in function was not clearly documented. Furthermore, 2 refills of this medication would not be supported without a re-evaluation to determine treatment success, and the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.