

<b>Case Number:</b>	CM15-0081851		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/21/2000
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 59 year old female who sustained an industrial injury on 10/21/2000. She reported low back pain. The injured worker was diagnosed as having scoliosis, chronic regional pain syndrome, reflex sympathetic dystrophy of bilateral lower extremities, insomnia due to chronic pain, chronic lumbar spine condition, non-industrial, pending surgery. Treatment to date has included treatment by a pain specialist. Currently, the injured worker complains of chronic pain rated a 7-8/10 that comes down to 4/10 with medication. The pain is described as burning, sharp and constant and is increased with activity and decreased with medication. The patient has a pain contract and is monitored. She requests authorization for a Spinal Cord Stimulator trial with moderate sedation. She is on Methadone, Nucynta, Ambien, Zofran, Gabapentin, Lidoderm and Prevacid. Requests for authorization were presented for the preceding medications. Part of the treatment plan is to request authorization for a spinal cord stimulator trial under fluoroscopic guidance to treat industrial complex regional pain syndrome and consider repeat facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 1 percent 2 patches daily #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for low back pain. When seen, pain was rated at 7-8/10 without medications and 4/10 with medications. Physical examination findings included appearing in mild distress. There was decreased spinal range of motion with tenderness. Spurling's testing was positive. She was not taking any anti-inflammatory medication. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

**Prevacid 30mg 1 tab daily pm #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for low back pain. When seen, pain was rated at 7-8/10 without medications and 4/10 with medications. Physical examination findings included appearing in mild distress. There was decreased spinal range of motion with tenderness. Spurling's testing was positive. She was not taking any anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prevacid was not medically necessary.