

<b>Case Number:</b>	CM15-0089947		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/27/2005
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 is a 48 year old female, who sustained an industrial injury on 8/27/05. She reported cumulative trauma to her neck, right shoulder, both hands and low back. The injured worker was diagnosed as having low back pain, carpal tunnel syndrome, cervical facet syndrome, cervical radiculopathy, shoulder pain and lumbar facet syndrome. Treatment to date has included Celebrex a lumbar MRI in 2012 showing degenerative disc changes and a broad based disc bulge at L5-S1, a lumbar epidural injection and an EMG/NCS study in 2012. As of the PR2 dated 3/10/15, the injured worker reports lower back pain. She rates her pain 6/10 currently and a 9/10 without medications. Her activity level has increased and her pain level has decreased since her last visit. Objective findings include lumbar flexion 50 degrees, extension 15 degrees and lateral bending 10 degrees bilaterally. Straight leg raise test is positive bilaterally in sitting at 35 degrees. The treating physician requested a trial of Lidoderm 5% patch #30 and to continue Celebrex 200mg #30 x 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

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

**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 sustained a work injury and August 2005 and continues to be treated for low back pain. Medications include Lidoderm, Celebrex, and Prilosec is also being prescribed. When seen, pain was rated at 6/10 with medications. Physical examination findings included morbid obesity with BMI of over 57. There was decreased cervical and lumbar spine range of motion with paraspinal muscle tenderness. Straight leg raising was positive and there was an antalgic gait. 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.

**Celebrex 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

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

**Decision rationale:** The claimant sustained a work injury and August 2005 and continues to be treated for low back pain. Medications include Lidoderm, Celebrex, and Prilosec is also being prescribed. When seen, pain was rated at 6/10 with medications. Physical examination findings included morbid obesity with BMI of over 57. There was decreased cervical and lumbar spine range of motion with paraspinal muscle tenderness. Straight leg raising was positive and there was an antalgic gait. 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. (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. When there is an elevated risk prescribing either a COX-2 selective agent such as Celebrex or a nonselective agent and a cytoprotective agent such as Prilosec could be considered. Prescribing both, however would not be medically necessary.