

<b>Case Number:</b>	CM14-0145739		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal Medicine 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 64 year old male injured on 11/21/02 when the chair he was seated in broke resulting in acute pain to the right hip and low back. The injured worker previously underwent total hip replacement in the 1980s with revision in 2001. The injured worker subsequently underwent additional total hip replacement on the right which became infected requiring multiple surgical interventions in 2006. MRI of the lumbar spine on 05/19/14 revealed marked right sided iliopsoas and gluteus muscle atrophy and fatty infiltration, degenerative disc disease and facet arthropathy with retrolisthesis L3-4, L4-5, and L5-S1. Canal stenosis included L3-4, L4-5 mild to moderate canal stenosis with narrowing of the left lateral recesses. Neural foraminal narrowing included L2-3 mild bilateral; L3-4 mild to moderate left, moderate right; L4-5 moderate bilateral; L5-S1 moderate left neural foraminal narrowing. Diagnoses included status post right total hip replacement history of infection repair, lumbar facet arthralgia, right sacroiliac arthralgia, and right lower extremity dysesthesias. Clinical note dated 04/16/14 indicated the injured worker presented complaining of low back pain referring to right hip and foot rated 8/10 without medications and 6/10 with. The injured worker reported pain worsened with prolonged sitting, standing, and weight bearing. The injured worker ambulated with a cane to off load the stress to the right lower extremity. Medications included Lyrica 200mg TID, imipramine 50mg, and Lidoderm. Physical examination revealed moderate pain over right L4-5 and L5-S1, right sacroiliac joint, right pelvic girdle evident, right lower extremity 7.5cm shorter than the left, right shoe buildup noted on right, motor strength 0/5 with right hip flexors and abductors, decreased sensibility over the right lateral thigh and foot. Treatment plan included Toradol IM injection, epidural injection to the right L4-S1, electromyography (EMG)/nerve conduction study (NCS) of right lower extremity, and MRI of lumbar spine. The injured worker reported utilization of Lidoderm for localized low back pain. Clinical note dated 08/06/14

indicated the injured worker presented complaining of increased low back and lower extremities pain due to lack of wheelchair and electric power wheelchair requiring ambulation with a cane. The injured worker rated pain 8/10 and reported medications were no longer helping. The injured worker utilized two capsules of Lyrica up to three times per day for pain management. Physical examination revealed neurovascular and motor status intact, spasm, lumbar paraspinals/glutes/piriformis tenderness to palpation, right pelvis asymmetry, motion guarded due to pain and decreased lumbar range of motion. The initial request was non-certified on 08/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 interlaminar epidural steroid injection at L4-L5: Overturned**

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

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

**Decision rationale:** As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam dated 04/16/14 established compelling objective data to substantiate a radicular pathology. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. MRI performed on 05/19/14 indicated degenerative disc disease at multiple levels. As such, the request 1 interlaminar epidural steroid injection at L4-L5 is medically necessary.

#### **1 prescription of lidocaine ointment 35gm #1 with 2 refills: Upheld**

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, Topical lidocaine, in the formulation of a dermal patch (Lidoderm ) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and anti-pruritics. As such, the request for 1 prescription of lidocaine ointment 35gm #1 with 2 refills is not medically necessary.

#### **1 prescription of imipramine 50mg #30 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, tricyclics are considered a first-line treatment for neuropathic pain. The clinical documentation established the presence of objective findings consistent with neuropathic pain. As such, 1 prescription of imipramine 50mg #30 with 2 refills is medically necessary.