

Case Number:	CM14-0215701		
Date Assigned:	01/05/2015	Date of Injury:	10/27/2009
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 sustained a work related injury on October 27, 2009, turning a corner, colliding with a co-worker. The injured worker was noted to have undergone a right wrist arthroscopy in 2010, cervical anterior discectomy and fusion in 2010, partial wrist arthrodesis mid carpal four corner fusion in 2010, anterior lumbar discectomy and fusion in 2011, mid carpal arthrodesis with bone graft in 2012, and removal of bridge plate in 2012. Copies of the surgical reports were not included in the documentation provided. On July 8, 2014, the injured worker received a radiofrequency medial nerve branch block to the right medial branch at L4, L5, and S1 (sacral ala), and medial branch neurolysis to the right medial branch at L4, L5, and S1 (sacral ala). On September 4, 2014, the injured worker received a right sacroiliac joint injection, superior, middle, and inferior, under fluoroscopy with arthrogram. The Primary Treating Physician's report dated December 4, 2014, noted the injured worker with constant, dull, aching low back pain radiating to the back and right lower extremity. The injured worker described the pain as a 7/10 on a 0/10 pain scale, down to a 4/10 with medication use. The injured worker was noted to continue to reduce the severity of the low back pain by using a combination of oxycontin, zomig, lorazepam, and oxycodone, and while the pain was never totally abated, the current dose and frequency allowed for increased mobility and function without side effects or episodes of euphoria/dysphoria noted. Physical examination noted cervical range of motion intact with rotation 60 degrees on the left and 80 degrees with pain on the right, with lateralization of 35 degrees with pain on the left and 45 degrees with pain on the right. The injured worker received an intramuscular injection containing decadron at the visit. The

diagnoses were listed as postlaminectomy syndrome lumbar region, unspecified myalgia and myositis, lumbosacral spondylosis without myelopathy, opioid type dependence unspecified, and depressive disorder not elsewhere classified. The injured worker was noted to undergo strict monitoring including random urine drug screens two to four times a year, a signed opioid agreement, and a DEA CURES check three to six times a year. The Physician requested authorization for Oxycontin 30mg #30, Oxycodone 20mg #90, Verapamil 80mg #60, a right sacroiliac joint block injection, and Lidoderm 5% Transdermal Patch #60. On December 16, 2014, Utilization Review evaluated the request for Oxycontin 30mg #30, Oxycodone 20mg #90, Verapamil 80mg #60, a right sacroiliac joint block injection, and Lidoderm 5% Transdermal Patch #60, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG). The UR Physician certified the Oxycontin 30mg #30, Oxycodone 20mg #90, Verapamil 80mg #60, and the right sacroiliac joint block injection. The UR Physician noted that Lidoderm is not recommended for central pain conditions and was being used outside of the FDA indications, was an experimental use, and was denied. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Transdermal Patch #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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% transdermal patch #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain that is consistent with a neuropathic etiology after evidence of a trial with first-line therapy (tricyclics and AED's). In this case, of the injured workers working diagnoses are right wrist arthroscopy 2010, cervical anterior discectomy and fusion 2010 partial wrist arthrodesis, anterior lumbar discectomy and fusion 2011, mid carpal arthrodesis with bone graft 2012 and removal of rich play in 2012. Additional diagnoses were postal and elected me syndrome lumbar; unspecified myalgia and myositis; lumbosacral spondylosis without myelopathy; opiate type dependence; and depressive disorder not elsewhere classified. The documentation indicates the injured worker has continued low back pain with radiation down the right lower extremity. A Lidoderm patches indicated for neuropathic pain. There was no objective evidence on physical examination of sensory or motor abnormalities. Consequently, absent clinical documentation to support the ongoing use of light under, objective evidence of neuropathic findings, Lidoderm 5% transdermal patch #60 is not medically necessary.

