

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0215971 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 05/17/1996 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 12/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 59 year-old female with a 5/17/1996 date of injury. According to the 12/3/14 pain management report, the patient has 10/10 neck pain with or without medications. The complaints have been the same since 6/12/14. The patient complains of numbness down both arms and headaches and low back pain that goes down both legs. Examination revealed decreased sensation bilateral upper extremities in C5-6 dermatome, and Spurlings is reported as positive. The physician states there was an MRI from 12/31/13 that shows foraminal narrowing at all levels, severe at C3/4 and C4/5. The UR report states the patient had an epidural injection on 3/24/14. The 4/3/14 report does not discuss any benefit from an ESI. There are no procedural reports, imaging studies or electrodiagnostic studies provided for this review. On 12/13/2014 utilization review denied: (1) a repeat cervical epidural injection because the reporting after first epidural injection on 3/24/14 did not document improvement; and (2) Lidoderm patches because the patient has been using these since July 2014 without documented improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral C5-6 cervical epidural injection under fluoroscopic guidance:** Upheld

**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): 46-47.

**Decision rationale:** The patient reports 10/10 neck pain. The physician requests cervical epidural injections bilaterally at C5/6. There are no MRI or electrodiagnostic reports provided for review, but the physician states the 12/31/13 show foraminal narrowing at all levels worse at C3/4 and C4/5. The MRI report before this was 1/14/2010 and continued to show degeneration at C3/4 and C4/5. The physician requested the epidural injection at C5/6. The MTUS Chronic Pain Treatment Guidelines, in the section on Epidural steroid injections (ESIs), page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient is reported to have vague clinical examination findings in the C5/6 distribution, but this is not supported with the provided MRI findings. The exam findings are not consistent with the reported MRI findings. The MTUS requirements for an ESI have not been met. The request for Bilateral C5/6 cervical epidural injection under fluoroscopy guidance is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS and on the MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pages 8-9. The Expert Reviewer's decision rationale: The patient has been prescribed Lidoderm patches since 6/12/14. The pain levels were described as 10/10 with medications and 10/10 without medications at that time, and continued through the most recent report dated 12/03/2014. There is no reduction in pain with use of the Lidoderm patches. The MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The MTUS page 8 under pain outcomes and endpoints states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Lidoderm patches. The MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for 1 prescription of Lidoderm 5% patch #30 is not medically necessary.

