

<b>Case Number:</b>	CM15-0016001		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/22/2002
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained an industrial injury on 1/22/02. He subsequently reports chronic back pain. The injured worker underwent spinal surgery in 2005. Prior treatments include acupuncture, chiropractic care, narcotic pain medications and physical therapy. The UR decision dated 1/22/15 non-certified Lidoderm 5% (700 MG/Patch) # 90 + 5 Refills. The Lidoderm 5% (700 MG/Patch) # 90 + 5 Refills was denied based on CA MTUS Chronic Pain Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #90 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches

**Decision rationale:** The 51 year old patient presents with constant pain in lumbar spine, left leg, and buttock, as per progress report dated 12/10/14. The request is for LIDODERM 5% PATCH # 90 X 5 REFILLS. There is no RFA for this case, and the patient's date of injury is 01/22/02. The patient is status post lumbar fusion at L4-S1 in 2002, as per progress report dated 09/24/14. He has been diagnosed with chronic pain syndrome and lumbar post-laminectomy syndrome, as per progress report dated 12/10/14. The pain is rated at 10/10 without medications, and 5/10 with medications. Medications included Doc-Q-Lace, Lidocaine patch, Medrol tablets, Oxycodone-acetaminophen, Sertraline, Tizanidine, and Voltaren gel. The patient is not working, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as parenting or Lyrics)." MTUS Page 112 also states, "Lidocaine Indication: Homeopathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a homeopathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Epidermal patch was first noted in progress report dated 07/08/14, and the patient has been using the patch consistently at least since then. In progress report dated 09/09/14, the treated states that Epidermal is helping. In progress report dated 10/07/14, the treated states that the patch has been denied and the patient is missing it. The progress reports, however, do not document the efficacy of the patch in terms of reduction in pain and improvement in function. Additionally, there is no indication of peripheral neuropathic pain for which Epidermal is indicated. Hence, the request IS NOT medically necessary.

**L3-4 lumbar epidural steroid injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'

**Decision rationale:** The 51 year old patient presents with constant pain in lumbar spine, left leg, and buttock, as per progress report dated 12/10/14. The request is for L3-4 LUMBAR EPIDURAL STEROID INJECTION. There is no RFA for this case, and the patient's date of injury is 01/22/02. The patient is status post lumbar fusion at L4-S1 in 2002, as per progress report dated 09/24/14. He has been diagnosed with chronic pain syndrome and lumbar post-laminectomy syndrome, as per progress report dated 12/10/14. The pain is rated at 10/10 without medications, and 5/10 with medications. Medications included Doc-Q-Lace, Lidocaine patch, Medrol tablets, Oxycodone-acetaminophen, Sertraline, Tizanidine, and Voltaren gel. The patient is not working, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the patient suffers from low back pain that radiates to left leg and buttock, as per progress report dated 12/10/14. X-ray of the lumbar spine, dated 07/30/14, revealed adjacent level disc degeneration at L3-4 along with mild spurring. A review of the available reports does not indicate prior ESI. Nonetheless, the treater does not discuss the purpose of this request. There is no documentation of relevant physical examination along with corroborating imaging or electrodiagnostic studies, as required by MTUS. Hence, the request IS medically necessary.