

<b>Case Number:</b>	CM15-0111360		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/28/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 is a 29 year old male who sustained an industrial injury on 09/28/2014. Current diagnoses include lumbosacral spine sprain/strain, disc herniation, lumbar radiculopathy, and myalgia. Previous treatments included medications, physical therapy, psychiatric evaluation, chiropractic treatments, lumbar epidural steroid injection on 05/26/2015, and home exercise program. Previous diagnostic studies include a lumbar spine MRI and lumbar spine x-rays. Initial injuries occurred to the low back when the worker was carrying a stretcher and missed a step and fell. Report dated 05/13/2015 noted that the injured worker presented with complaints that included worsening lower back pain with radiation of pain to the right lower extremity and numbness and tingling in the right foot. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation in the lumbosacral spine, spasm and trigger points on the right, pain with range of motion, and straight leg raise is positive on the right at 60 degrees of flexion. The treatment plan included continuing with home exercise and proper care, focus on range of motion of lumbosacral spine and strength of bilateral lower extremity muscles, refilled Naprosyn, Flexeril, and Lidoderm patches, approval to see pain management specialist received, and follow up in three weeks. The injured worker is working modified duty with restrictions. Disputed treatments include Naproxen and Lidocaine pad 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg for a 30 day supply Qty: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of NSAIDs. They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. The medical records submitted indicate that the injured worker has chronic low back pain and not an acute flare of pain. The IW has been taking this medication for a minimum of 6 months without mention of functional improvement from these medications. Therefore, the request for Naproxen 500mg for a 30 day supply, Qty 60 is not medically necessary.

**Lidocaine Pad 5% for a 30 day supply Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches), and Topical Analgesics Page(s): 56-57 and 111-112.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Therefore, the request for Lidocaine Pad 5% for a 30-day supply, Qty 30 is not medically necessary.