

<b>Case Number:</b>	CM15-0124859		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/24/2005
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45-year-old male who sustained an industrial injury on 5/24/2005 resulting in radiating low back pain. He is diagnosed with lumbar radiculopathy, post lumbar laminectomy syndrome, and lumbar facet syndrome. Treatment has included laminectomy with interbody fusion L5-S1, oral and transdermal medication, and exercise. There is no documentation provided discussing other treatments. The injured worker still reports low back pain. The treating physician's plan of care includes continuation of Lidoderm 5% patch, Protonix Dr, and Celebrex 200mg. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch (700mg/patch) #30 x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidoderm 5% patch (700mg/patch) #30 x3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate localized peripheral pain and does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patches 5% is not medically necessary.

**Protonix Dr 40mg #30 x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Proton pump inhibitors (PPIs).

**Decision rationale:** Protonix Dr 40mg #30 x3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The ODG states that Protonix is a second line proton pump inhibitor and should not be used until there is evidence of failure of first line proton pump inhibitors. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor or has failed first line proton pump inhibitors therefore the request for Protonix Dr 40mg #30 x3 is not medically necessary.

**Celebrex 200mg #30 x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and Anti-inflammatory medications Page(s): 67-73 and 22.

**Decision rationale:** Celebrex 200mg #30 x3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The request for 3 refills of Celebrex is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function and the documentation indicates that the patient has a long history of NSAID use. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and

bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Celebrex with 3 refills is not medically necessary.