

<b>Case Number:</b>	CM13-0002729		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 an injured worker status post right foot neuroma excision and foot pain. The patient is status post two right foot surgeries. Date of injury was 01-22-2003. Initial orthopedic evaluation dated June 25, 2013 documented that the patient has subjective complaints of right foot pain. He states that he had neuroma in his right foot and he ended up having two right foot surgeries. He states that surgeries did not help with his pain. Medications included Vicodin, Naproxen, Flector, and Lidoderm. Physical examination was documented. He appears casually dressed, well groomed, well nourished, and stated age. He sits comfortably throughout the history and is able to get out of the chair and on and off the examination table with minimal difficulty. The patient stands with the pelvis and shoulders level. The gait is slightly antalgic. The patient is able to perform a full squat. Surgical wound was clean and dry with no sign of infection. Minimal tenderness to palpation was present over right dorsum. Full range of motion was noted. No laxity or instability was noted. Drawer sign was negative. Metatarsophalangeal joint was within in normal limits. Foot was warm and with no trophic changes. Achilles reflexes were intact. Neurologically, vibration, dull, and sharp sensation were intact. Diagnosis was right foot neuroma excision and right pain. He has had to take non-steroidal anti-inflammatory drug (NSAID) for pain control. Treatment plan included Vicodin and Naproxen. Blood pressure 148/86 was documented in the 1/25/13 progress report. Utilization review determination date was 7/5/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch:** 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 Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. All non-steroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC complete blood count and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document the long-term use of NSAIDs, which is not recommended by MTUS guidelines. Medical records do not document recent laboratory test results, which are recommended by MTUS for the use of NSAIDs. Elevated blood pressure 148/86 was documented in the 1/25/13 progress report. Per MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are associated with new onset or worsening of pre-existing hypertension. Medical records document that the patient has been prescribed Naproxen which is an oral NSAID. Flector patch is also an NSAID and would be redundant. Medical records and MTUS guidelines do not support the use of Flector Patch. Therefore, the request is not medically necessary.

**Lidoderm Patch:** 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 patch, Topical Analgesics Page(s): 56-57, 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved

for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request is not medically necessary.

**Vicodin:** Overturned

**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 Hydrocodone/Acetaminophen, Opioids Page(s): 74-96, 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Vicodin) is indicated for moderate to moderately severe pain. The orthopedic evaluation report dated June 25, 2013 documented that the treatment plan included Vicodin ES #90. The patient is status post two foot surgeries and is pending a third foot surgery. The patient was previously prescribed Vicodin ES on 4/5/13. The average usage rate is less than two tablets of Vicodin ES a day. Medical records document stable use of opioid medications and objective evidence of pathology. Medical records support the maintenance of the Vicodin ES prescription. Therefore, the request for Vicodin is medically necessary.