

<b>Case Number:</b>	CM13-0025775		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 a 48 year-old female who reported an injury on 10/28/2002. The mechanism of injury was not provided. The patient was noted to have subjective complaints of pain a 4/10 to 5/10 on a regular basis and it was noted that it could increase to 10/10. Objectively, the patient was noted to not be in acute distress and was noted to have an MRI on 06/28/2013 with degenerative osteochondral changes seen on the left ankle, and on the right ankle, the patient was noted to have non-specific edema at the distal aspect of the fibula extending to the lateral malleolus. The patient's diagnoses were noted to include knee sprain on the left with popping and crackling, ankle sprain with an old injury bilaterally and the patient was noted to be postsurgical intervention on the right. The patient was noted to have a discogenic cervical condition. The request was made for TENS unit supplies, Lidoderm patch, naproxen, Flexeril, Prilosec, and Dendracin

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for TENS Pad QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 115,116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the patient found the TENS unit to be effective in pain reduction. However, there was a lack of documentation of objective functional improvement with the use of the TENS unit. Given the above, the request for TENS Pad QTY: 1 is not medically necessary.

**Lidoderm Patch 5% QTY: 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56,57.

**Decision rationale:** Lidoderm<sup>®</sup> is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. 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 clinical documentation submitted for review failed to provide the patient had a trial of first line therapy. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for retrospective Lidoderm Patch 5% QTY: 60 is not medically necessary.

**The request for Retrospective Naproxen 550mg (dispensed 9/4/13) #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 Naproxen Page(s): 66,70.

**Decision rationale:** The California MTUS Guidelines indicate that naproxen is a non-steroidal anti-inflammatory for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose to be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment plan. The clinical documentation submitted for review indicated the patient was receiving naproxen for anti-inflammation. However, there was a lack of documentation of the efficacy of the medication. Additionally, the patient's diagnoses were not noted to include arthritis. Given the above, the request for Retrospective Naproxen 550mg (dispensed 9/4/13) QTY: 60 is not medically necessary.

**Lidoderm Patch 5% for next visit 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 , Lidoderm Page(s): 56,57.

**Decision rationale:** Lidoderm® is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. 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 clinical documentation submitted for review failed to provide the patient had a trial of first line therapy. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for retrospective Lidoderm Patch 5% for next visit QTY: 60 is not medically necessary.

**. The request for Naproxen 550mg for next visit 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 Naproxen Page(s): 66.

**Decision rationale:** The California MTUS Guidelines indicate that naproxen is a non-steroidal anti-inflammatory for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose to be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment plan. The clinical documentation submitted for review indicated the patient was receiving naproxen for anti-inflammation. However, there was a lack of documentation of the efficacy of the medication. Additionally, the patient's diagnoses were not noted to include arthritis. Given the above, the request for Naproxen 550mg for next visit QTY: 60 is not medically necessary.

**The request for Flexeril 7.5mg for next visit QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

**Decision rationale:** CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain;

however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. It was noted the patient was taking the medication for muscle spasms. However, there was a lack of documentation indicating the patient was having muscle spasms. Additionally, there was a lack of documentation indicating the necessity for ongoing treatment as the medication had previously been prescribed. Given the above, the request for Flexeril 7.5 mg for next visit QTY: 60 is not medically necessary.

**Prilosec 20mg for next visit 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 Page(s): 69.

**Decision rationale:** California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID usage. The clinical documentation submitted for review indicated that the patient had stomach upset with the medications. However, there was a lack of documentation indicating the necessity for the NSAID use. Given the above, there would be a lack of necessity for a PPI. Additionally, there was a lack of indication for a quantity of 60. Given the above, the request for Prilosec 20mg for next visit QTY: 60 is not medically necessary

**Dendracin Lotion 120ml for next visit QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111.

**Decision rationale:** California MTUS guidelines do not specifically address Dendracin. However, per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. Per California MTUS, Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the patient had neuropathic pain and had previously failed trials of antidepressants and anticonvulsants. Given the above, the request for Dendracin Lotion 120ml for next visit QTY: 1 is not medically necessary.