

<b>Case Number:</b>	CM13-0047974		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 65-year-old female who reported an injury on 02/06/2002 with an unknown mechanism of injury. The injured worker has a history of neck and back pain that radiated to the lower extremities. The exam dated 08/22/2013 revealed the injured worker to continue to have neck and back pain that radiated to the lower extremities. The injured worker indicated that it was becoming more difficult to continue to work within her current capacity. Upon examination of the lumbar spine, there was tenderness in the lower lumbar paravertebral musculature. Forward flexion was to 60 degrees, extension to 10 degrees, and lateral bending to 30 degrees. Exam of the cervical spine showed tenderness in the posterior cervical and bilateral trapezial musculature. Forward flexion was within 1 finger breadth of chin to chest, extension to 10 degrees, and lateral rotation to 60 degrees bilaterally. The right elbow exam showed tenderness over the lateral epicondyle and extensor muscle mass. The injured worker had diagnoses of status post right partial lateral epicondylectomy with residuals, cervical spondylosis with cervical radiculopathy, contusion, left femoral condyle, compensatory consequence of lumbar spinal stenosis, and lumbar spinal stenosis. There were no diagnostic studies within the documentation. There are no prior treatments within the documentation. Medications include Motrin 800 mg 1 tab twice a day, topical P3 compound twice a day, and Lidoderm patches to apply every 12 hours. The request is for topical P3 compound to apply twice a day #120 grams and Lidoderm patches to apply every 12 hours #30. The Request for Authorization form and rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL P3 COMPOUND TO APPLY 2QD #120 GRAMS: 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 Analgesics, page(s) 111 Page(s): 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guideline state topical agents such as Polysporin Triple (P3) is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is a lack of documentation for the injured worker to suggest intolerance of oral pain medications as an alternative treatment form. There is no rationale indicating why the injured worker would require a topical cream versus an oral medication. Additionally, the request does not indicate the frequency and site at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for topical P3 compound to apply 2 times a day #120 grams is not medically necessary.

**LIDODERM PATCHES TO APPLY Q 12 H #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) page(s) 57-58 Page(s): 57-58.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guideline state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is a lack of documentation for the injured worker to suggest intolerance of oral pain medications as an alternative treatment form. The guidelines state further research is needed to recommend this treatment for chronic neuropathic pain disorders. There is no rationale indicating why the injured worker would require a topical cream versus an oral medication. Additionally, the request does not indicate the site at which the medication is to be used in order to determine the necessity of the medication. As such, the request for Lidoderm patches to apply every 12 hours #30 is not medically necessary.

