

<b>Case Number:</b>	CM13-0058044		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 a 59-year-old male who reported an injury on 03/01/2005. The mechanism of injury was not provided in the medical records. His diagnoses include cervical and lumbar radiculopathy, a herniated nucleus pulposus of the lumbar spine with stenosis, right shoulder and knee arthralgia and multilevel herniated nucleus pulposus of the cervical spine with severe neural foraminal narrowing. A 10/17/2013 progress report indicated that the patient's symptoms included neck, arm and low back pain rated at a 6/10 to 9/10. He also indicated that he had radiation of pain from his neck down his arms into both of his hands with numbness. His current medications were listed to include Norco 10/325 mg 5 tablets per day, Prilosec 20 mg and Celebrex 200 mg daily. It was noted that he had stopped Lyrica on 10/13/2013 due to an adverse effect of blurry vision. A previous note dated 09/26/2013 indicated that topical LidoPro ointment was prescribed for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF LIDO PRO TOPICAL OINTMENT 4 OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals & Topical Analgesics Page(s): 105, 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use, with limited evidence demonstrating efficacy and safety. The guidelines further states that compounded products that contain at least one drug that is not recommended are not recommended. LidoPro ointment is noted to include capsaicin 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. The clinical information submitted for review indicates that methyl salicylates are supported as they have been found to be significantly better than placebo in the treatment of chronic pain. However, the guidelines state that topical capsaicin is only recommended in patients who have been found to be intolerant to other treatments or who failed to respond to other treatments. The guidelines also indicate that capsaicin is recommended as a 0.075% or 0.025% formulation. There have been no studies of a 0.0375% formulation, and there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. The clinical information submitted for review indicated that the patient had failed other medications and had adverse side effects with Lyrica. Therefore, the use of topical capsaicin may be supported; however, the guidelines do not support a 0.0325% formulation as it exceeds the recommended 0.025% formulation. Additionally, topical lidocaine is noted to be recommended in the treatment of neuropathic pain in the form of the Lidoderm patch, and no other commercially approved topical formulations of lidocaine, such as creams, lotions or gels, are indicated for neuropathic pain. Therefore, topical lidocaine within the requested LidoPro topical ointment is not supported. As the requested topical analgesic is noted to include capsaicin 0.0325% and topical lidocaine, which are not recommended, the topical ointment is also not recommended. Therefore, the request is non-certified.

**PRESCRIPTION OF LYRICA 150MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

**Decision rationale:** According to the California MTUS Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has been FDA-approved for both conditions, and is considered a first-line treatment. The clinical information submitted for review indicated that the patient does have neuropathic pain; however, his 10/17/2013 progress report indicated that he had discontinued the use of Lyrica due to an adverse effect and blurry vision. Therefore, the request for Lyrica 150 mg #90 is not supported. As such, the request is non-certified.