

<b>Case Number:</b>	CM13-0069209		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/23/2000
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Arizona. 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 57 year old woman with a medical history diabetes mellitus, hypertension, and obesity who sustained a work-related injury on 12/23/00. She has chronic pain primarily in the low back and left knee. Diagnoses include left knee medial and lateral meniscus tear, bilateral carpal tunnel syndrome, bilateral wrist sprain and strain and thoracolumbar musculoligamentous sprain. She was seen by her primary orthopedic provider on 11/18/13 at which time she complained of generalized pain primarily in the low back and left knee with numbness and tingling in both hands. She is treated with Gabapentin, Xanax, and Butrans patch. The injured worker stopped using Butrans as it was not effective therefore the orthopedic provider prescribed lidoderm patch for knee pain and flector patch for low back pain and both for osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 LIDODERM PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** 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 and AED Topical lidocaine 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 antipruritics. In this case the provider is prescribing the Lidoderm patch for left knee pain. There is no documentation that supports a failure of Gabapentin. There is no documentation that the pain at the left knee from ligamentous injury is neuropathic in nature. Furthermore, the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. As such, the request is not medically necessary.

**30 FLECTOR PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The patient has chronic low back pain with a diagnosis of thoracolumbar ligamentous sprain and strain for which Flector patches are being prescribed. The MTUS does not recommend the use of topical NSAIDs for the treatment of low back pain. The efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. It is not recommended for use with neuropathic pain. In this case topical NSAIDs are prescribed for lumbar pain for the duration of a month. According to the MTUS the use of NSAIDs is superior to placebo for only two weeks and there is little evidence to utilize topical NSAIDS for the spine. As such, the request is not medically necessary.

**CERVICAL SPINE/BACK PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The injured worker is treated for chronic back and knee pain. It is documented on 11/18/13 that she is not actively participating in an exercise program. According

to the Official Disability Guidelines, a cervical pillow is only recommended if the injured worker is also actively participating in daily exercise. The Official Disability Guidelines recommend use of a neck support pillow while sleeping, also in conjunction with daily exercise. Subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone does not give the desired clinical benefit. As such, the use of a cervical spine/back pillow is not medically necessary.