

<b>Case Number:</b>	CM14-0000728		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/29/2005
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family Practice, 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 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 58 year old female who sustained an injury on 6/29/05 resulting in brachial neuritis, cervicgia, lumbago, chronic back pain, leg pain, and shoulder pain. A progress report on 10/30/13 indicated she had 7/10 back pain, 7/10 shoulder pain, and headaches as a result of her injury with 1/10 pain. Her knee gave her 7/10 pain. At the time she was prescribed Lidoderm patches 5%, Pennsaid topical 1.5%, Naproxen, Norco, and Topamax. On 12/4/13, she had radiofrequency of her lumbar spine which gave her 98% improvement. An exam report on 12/10/13 indicated 4/10 headache pain, 7/10 shoulder pain, and 7/10 knee pain. At the time she was prescribed Pennsaid topical 1.5%, Naproxen, Norco, and Topamax for pain and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 TOPAMAX 100MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** According to the MTUS guidelines, anti-epilepsy drugs (also known as anticonvulsants), are recommended for neuropathic pain. There is a lack of expert consensus on

the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topamax has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, there is insufficient documentation to determine if Topamax is providing improvement in pain. There is no documentation mentioning failure of other anti-convulsants. As a result, Topamax is not medically necessary.

### **30 LIDODERM 5% PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option, but they 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. Topical lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, there is no documentation of failure of anti-depressants or anti-convulsants. The use of Lidoderm for the claimant is not specified and its use is not medically necessary.

### **150ML OF PENNSAID 1.5% SOLUTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Pennsaid is a topical Diclofenac (NSAID) solution. According to the MTUS Guidelines, the efficacy in clinical trials for topical NSAIDs 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 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. When investigated

specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4-12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. In this case, there is no documentation of knee pain over several months of using Pennsaid. Its use is recommended for a short-term period. The documentation does not mention its use for osteoarthritis of the knee. Pennsaid is therefore not medically necessary.