

<b>Case Number:</b>	CM14-0007053		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California & Washington 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 73-year-old female who reported an injury on 07/15/2002, due to an unknown mechanism. Clinical note dated 01/29/2014 indicated the injured worker had complaints of pain in the lower back, left knee, and left ankle. The injured worker's physical exam revealed lumbar spasms and trigger points along the iliac crest on the right side. The range of motion values of the knee were extension of 140 degrees and flexion of 90 degrees. The injured worker was diagnosed with discogenic condition of the lumbar spine, disc disease at the L4-5; internal derangement of the knee, peroneal involvement; ankle inflammation, arthritic changes of the tibiotalar joint and subchondral cyst and effusion; element of weight gain of 15 pounds; and element of sleep, depression and stress. The provider recommended Vicodin 5/500 mg with a quantity of 60 and LidoPro lotion 4 oz. The Request for Authorization was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The included medical documents lack evidence of a complete and adequate pain assessment. There is also lack of a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Vicodin 5/500mg #60 is not medically necessary and appropriate.

**LIDOPRO LOTION 4OZ:** 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.

**Decision rationale:** LidoPro is composed of capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state that capsaicin is only recommended as an option in injured workers who have not responded or are intolerant to other treatments. Guidelines also state that Lidoderm is also used off-label for diabetic neuropathy. No other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment: recommended for short-term use 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The formulation of lidocaine being requested is not supported and the efficacy of the medication was not documented. The request submitted failed to provide the frequency and dosage of the requested medication. Therefore, the request for Lidopro Lotion 4oz is not medically necessary and appropriate.