

<b>Case Number:</b>	CM14-0103945		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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:

This is a 27-year-old male with a 4/16/12 date of injury. The mechanism of injury occurred when he leaned back in his chair, the back snapped off and he twisted. He came down on one knee but did not fall entirely to the ground. According to the most recent progress report provided for review, dated 3/24/14, the patient complained of ongoing low back pain. He has been taking medication which has been helpful in reducing his pain and help him to be more functional. He stated that he was having quite a bit of anxiety, stress, and depression. His medication regimen consisted of Naproxen, Flexeril, Protonix, and Tramadol ER. Objective findings: some tenderness along lumbar paraspinal muscles, neurological examination is intact, antalgic gait. Diagnostic impression: discogenic lumbar condition with facet inflammation and radiculopathy, weight gain, depression. Treatment to date: medication management, activity modification, chiropractic treatment, TENS unit. A UR decision dated 6/6/14 denied the requests for Diclofenac, Lidopro Lotion, Terocin Patches, Neurontin, and Norflex. Regarding Diclofenac, this medication is recommended for short-term use, guideline criteria have not been met. Regarding Lidopro Lotion and Terocin patches, topical medications have not been adequately proven with regards to overall efficacy and safety. Regarding Neurontin and Norflex, there is no documentation of a maintained increase in function with the use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the most recent progress report provided for review, dated 3/24/14, it is documented that the patient is taking the NSAID naproxen. There is no documentation that the patient is taking Diclofenac. Medical necessity for Diclofenac cannot be established based on the records provided for review. In addition, there is no documentation that the patient has had a trial and failed a first-line NSAID medication. Therefore, the request for Diclofenac 100mg #30 was not medically necessary.

**LidoPro Lotion 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (LidoPro Lotion).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to an online search, LidoPro is a topical lotion containing Lidocaine, Methyl Salicylate 27.5%, Menthol 10%, and Capsaicin 0.0325%. However, lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. Additionally, the patient is requesting Terocin patches, increasing the risk of toxicity. Furthermore, guidelines do not support the use of capsaicin in anything greater than 0.025% in a topical formulation. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for LidoPro Lotion 4 oz was not medically necessary.

**Terocin Patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that 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 an AED such as gabapentin or Lyrica). The guidelines state that for continued use of Terocin patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Terocin patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, the patient is requesting Lidopro lotion, which could increase the risk of lidocaine toxicity. Therefore, the request for Terocin patches #30 was not medically necessary.

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. According to the most recent progress report provided for review, dated 3/24/14, there is no documentation that the patient is taking Neurontin. Medical necessity for Neurontin cannot be established based on the records provided for review. Therefore, the request for Neurontin 600 mg #90 was not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the most recent progress report provided for review, dated 3/24/14, it is documented that the patient is taking the muscle relaxant Flexeril. There is no documentation that the patient is taking Norflex. Medical necessity for Norflex cannot be established based on the records provided for review. Therefore, the request for Norflex 100 mg #60 was not medically necessary.