

<b>Case Number:</b>	CM14-0157901		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 and Rehabilitation 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:

According to the records made available for review, this is a 41-year-old male with an 11/16/07 date of injury. At the time (8/18/14) of request for authorization for Lidoderm patches 5% #30 and Capsaicin cream 0.025% #120, there is documentation of subjective (continued complaints of headaches, neck pain, and low back pain) and objective (positive straight leg raising test, positive Patrick's and facet loading tests, decreased sensation in the left upper extremity and left lower extremity, weakness with left grip, and tenderness to palpation over the cervical paraspinal musculature, upper trapezius muscle, scapular border and lumbar paraspinal musculature) findings, current diagnoses (cervicalgia, cervical radiculopathy, failed neck surgery syndrome, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, headaches, shoulder pain, and insomnia), and treatment to date (ongoing therapy with NSAIDs, Elavil, Norco, Zanaflex, Gabapentin, Lidoderm patches, and Capsaicin cream 0.025% with pain relief). Regarding Lidoderm patches 5% #30, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs AED such as gabapentin or Lyrica) has failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches. Regarding Capsaicin cream 0.025% #120, there is no documentation that the patient has not responded or is intolerant to other treatments; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. California Medical Treatment Utilization Schedule (MTUS) Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicgia, cervical radiculopathy, failed neck surgery syndrome, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, headaches, shoulder pain, and insomnia. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin and Elavil, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, despite documentation of pain relief with Lidoderm patches, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lidoderm patches. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches 5% #30 is not medically necessary.

**Capsaicin cream 0.025% #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical, Page(s): 28-29. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation that patient has not responded or is intolerant to other treatments, as criteria necessary to support the medical necessity of topical capsaicin in a 0.025% formulation. In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, cervical radiculopathy, failed neck surgery syndrome, lumbar radiculopathy, failed back surgery syndrome, anxiety, depression, headaches, shoulder pain, and insomnia. However, given documentation of ongoing treatment with medications (including non-steroidal anti-inflammatory drugs (NSAIDs), Elavil, Norco, Zanaflex, Gabapentin, and Lidoderm patches), there is no documentation that the patient has not responded or is intolerant to other treatments. In addition, despite documentation of pain relief with Capsaicin cream, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Capsaicin cream. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin cream 0.025% #120 is not medically necessary.