

Case Number:	CM14-0161453		
Date Assigned:	10/06/2014	Date of Injury:	06/11/2001
Decision Date:	12/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old female with a 6/11/01 date of injury. At the time (8/25/14) of request for authorization for Lidoderm 5% Patch qty 90 (700mg/patch) apply 3 patches daily (12 hours on, 12 hours off), Capsaicin 0.075% Cream qty 1 (apply to affected area 3 times a day), and Ketamine 5% Cream 60 gr qty 1 (apply to affected area 3 times a day), there is documentation of subjective (chronic low back pain with radiation into the left lower extremity with numbness and tingling) and objective (tenderness to palpation over the lumbosacral junction, decreased lumbar range of motion, positive straight leg raise on the left, decreased left foot dorsiflexion, decreased sensation over the left lateral calf, and decreased patellar and Achilles reflexes) findings, current diagnoses (sciatica, chronic pain, and lumbar disc displacement without myelopathy), and treatment to date (ongoing therapy with Topamax, opioids, Gabapentin, Lidoderm patch, Ketamine cream, and Capsaicin cream with pain relief and improvement in activities of daily living). Regarding Lidoderm 5% Patch qty 90 (700mg/patch) apply 3 patches daily (12 hours on, 12 hours off), 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. Regarding Capsaicin 0.075% Cream qty 1 (apply to affected area 3 times a day), there is no documentation that the patient has not responded or is intolerant to other treatments. Regarding Ketamine 5% Cream 60 gr qty 1 (apply to affected area 3 times a day), there is no documentation that all primary and secondary options have been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm 5% Patches (700mg/patch, apply 3 patches daily, 12 hours on, 12 hours off, #90, DOS: 6/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS 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 AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. 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 sciatica, chronic pain, and lumbar disc displacement without myelopathy. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Lidoderm patch with pain relief and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Lidoderm patch use to date. However, given documentation of ongoing treatment with Topamax and Gabapentin, 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. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Lidoderm 5% Patches (700mg/patch, apply 3 patches daily, 12 hours on, 12 hours off, #90, DOS: 6/24/2014) is not medically necessary.

Retrospective request for Capsaicin 0.075% Cream (apply to affected area 3 times a day, #1, DOS: 6/24/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: 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, 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. 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 sciatica, chronic pain, and lumbar disc displacement without myelopathy. In addition, given documentation of ongoing treatment with Capsaicin cream with pain relief and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Capsaicin cream use to date. However, given documentation of ongoing treatment with medications (including Topamax, opioids, Gabapentin, Lidoderm patch, and Ketamine cream) resulting in improved functioning, there is no (clear) documentation that the patient has not responded or is intolerant to other treatments. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Capsaicin 0.075% Cream (apply to affected area 3 times a day, #1, DOS: 6/24/2014) is not medically necessary.

Retrospective request for Ketamine 5% Cream (60gr, apply to affected area 3 times a day, #1, DOS: 6/24/2014): 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): 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines identify documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical Ketamine. 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 sciatica, chronic pain, and lumbar disc displacement without myelopathy. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Ketamine cream with pain relief and improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Ketamine cream use to date. However, given documentation of ongoing treatment with medications (including Topamax, opioids, Gabapentin, Lidoderm patch, and Capsaicin cream) resulting in improved functioning, there is no (clear) documentation that all primary and secondary options have been exhausted. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Ketamine 5% Cream (60gr, apply to affected area 3 times a day, #1, DOS: 6/24/2014) is not medically.