

<b>Case Number:</b>	CM14-0021103		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 51-year-old female patient with a 5/15/11 date of injury. She injured herself while lifting heavy box and sustain soft tissue contusion. A progress report dated on 12/18/13 indicated that the patient complained of pain, 9/10 located in the left shoulder, which radiated across the elbow into the hand. Her pain was associated with numbness, tingling and swelling of the hands. The patient had stiffness in the hand and shoulder. She had taken a sample of Lidoderm patch and noted that it was helpful. Physical exam revealed that her upper extremity was very tender on light touch. Left hand was swollen and had decreased range of motion. There was tenderness in the left shoulder, with decreased range of motion. She was diagnosed with Upper limb reflex sympathetic dystrophy. The treatment to date: medication management, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit. There is documentation of a previous 1/17/14 adverse determination, based on the fact that there was no indication of gastrointestinal (GI) disorder, Lansoprazole was not certified. It was not practical to apply analgesic cream to multiple parts of body, and guidelines do not support compounded medication use, because they was considered experimental. The guidelines recommended non-steroidal anti-inflammatory drugs (NSAIDs) as a second line option for acute exacerbation of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole DR 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS and the Food and Drug Administration (FDA) support proton pump inhibitors in the treatment of patients with gastrointestinal (GI) disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. However, in this case, there was no evidence of NSAID induced GI disturbances. In addition, there was no documentation of any gastrointestinal complications. Therefore, the request for Lansoprazole DR 30mg #30 is not medically necessary.

**Lidocaine 5% ointment #110:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical, and Topical Analgesics Page(s): 25, 28-29, 111-113.

**Decision rationale:** The 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, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no documentation of significant pain relief following Lidocaine cream use. In addition, the MTUS guidelines do not support topical analgesics use for chronic pain, because they are highly experimental. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in a cream or lotion form is not supported by guidelines due to the fact that amount applied is not easily controlled and there is concern regarding systemic toxicity. Therefore, the request for Lidocaine 5% ointment #110 is not medically necessary.

**Lidocaine 5% patch #60:** Overturned

**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 Official Disability Guidelines (ODG) Pain Chapter, Lidoderm.

**Decision rationale:** The 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 norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). The Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient presented with pain, 9/10 in her left shoulder radiating to left elbow and left hand. However, there was evidence that the patient had been used gabapentin, with no significant pain relief. In addition, there was documentation that the patient tried Lidoderm patch sample and noted that it was helpful. She was not diagnosed with osteoarthritis. Therefore, the request for Lidocaine 5% patch #60 is medically necessary.

**Nabumetone 500mg Tablet #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS.

**Decision rationale:** The CA MTUS states that non-steroidal anti-inflammatory drugs (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. In addition, the Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient presented with pain, 9/10 in her left shoulder radiating to left elbow and left hand. There was no evidence of gastrointestinal disturbances. In addition, she tried different medication, with no significant pain relief effect. Therefore, the request for Nabumetone 500mg tablet #60 is medically necessary.