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| <b>Case Number:</b>   | CM14-0031140 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 09/26/2003 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 02/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2014 |

### 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 69-year-old female with a 9/26/03 date of injury. At the time (2/27/14) of request for authorization for Lidoderm patches every 12 hour as needed with three (3) refills and P3 compound with three (3) refills, there is documentation of subjective (neck pain, stiffness and upper extremity pain) and objective (tenderness about lower lumbar paravertebral musculature, forward flexion to 60 degrees, extension to 10 degrees, lateral bending to 30 degrees, positive impingement sign right shoulder, and decreased sensation to pinprick over volar aspect of all 10 digits) findings, current diagnoses (cervical spondylosis, cervical radiculopathy, recurrent impingement, right shoulder, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, right knee lateral meniscal tear, and lumbar degenerative disc disease), and treatment to date (medications including ongoing treatment with Lidoderm patches and P3 topical compound with functional improvement)). Regarding Lidoderm patches, there is no documentation that a trial of first-line therapy has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches every 12 hour as needed with three (3) refills:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.p3cream.com/>.

**Decision rationale:** The 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. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, cervical radiculopathy, recurrent impingement, right shoulder, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, right knee lateral meniscal tear, and lumbar degenerative disc disease. In addition, there is documentation of neuropathic pain. However, there is no documentation 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 Lidoderm patches is not medically necessary.

**P3 compound with three (3) refills.:** 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): 111-113.

**Decision rationale:** An online search identifies P3 compound is a topical compound consisting of water, peppermint oil, calendula oil, eucalyptus oil, phenoxylethanol, sodium acrylate copolymer, sorbitan mono oleate, colloidal silica, and tea tree oil. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for P3 compound is not medically necessary.