

<b>Case Number:</b>	CM14-0053970		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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:

The injured worker is a 33-year-old male who reported an injury on 04/19/2012. The mechanism of injury was not provided. Medication history included the use of anti-epileptic medications since at least 09/2014. The documentation indicated the injured worker was utilizing Lidopro and Norco to the most recent documentation of 02/2014. Prior treatments included physical therapy and a surgical intervention, as well as medications and rest. The documentation of 03/27/2014 revealed the injured worker had complaints of headache and low back pain and bilateral upper extremity tingling and numbness, right greater than left. The documentation indicated pain was reduced by 50% with medications. It was noted the injured worker was participating in a home exercise program and utilizing a TENS unit daily. There was tenderness to palpation. The diagnoses included lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis unspecified, lumbosacral joint ligament sprain/strain, and cervical sprain/strain neck. The treatment plan included Norco 7.5/325 1 tablet twice a day as needed for pain, naproxen, Topiramate 100 mg, trazodone 50 mg, Lidopro cream, Flexeril, and TENS patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topiramate 100mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Topiramate (Topamax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50%, and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a 50% decrease in pain. However, there was a lack of documentation of objective functional improvement. The duration of use was at least since 09/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Topiramate 100 mg #60 is not medically necessary.

**Lidopro Topical Ointment (dispensed 3/27/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. As it was indicated, the injured worker was utilizing an anti-epilepsy medication since at least 09/2013. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use was at least 1 month. The request as submitted failed to indicate the frequency as well as the quantity of medication being requested. Given the above, the request for Lidopro topical ointment, dispensed 03/27/2014, is not medically necessary and appropriate.

**TENS patches x2 (dispensed 3/27/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the injured worker as utilizing a TENS unit. However, there was a lack of documentation of objective functional benefit that was received from the unit. Given the above, the request for TENS patches quantity 2 is not medically necessary and appropriate.

**Norco 7.5/325mg, #30/month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter Chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and there should be documentation of an objective decrease in pain, as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 02/2014. There was a lack of documentation of objective functional benefit. The documentation indicated the injured worker's pain was decreased by 50%. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 7.5/325 mg #30 per month is not medically necessary and appropriate.