

<b>Case Number:</b>	CM14-0074428		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 44-year-old female with a reported date of injury on 03/19/2003. The injury reportedly occurred when the injured worker was holding 3 files and reached for another and felt pain in her back. Her diagnoses were noted to include chronic pain syndrome, opioid dependence, thoracic spine pain, post laminectomy syndrome to the lumbar region, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis. Her previous treatments were noted to include acupuncture, discogram, epidural steroid injection, facet joint injection, heat treatment, ice treatment, massage therapy, occipital nerve block, physical therapy, spinal cord stimulator trial implant, and trigger point injections. The progress note dated 07/08/2014 revealed the injured worker complained of increased pain to her lumbar spine and right foot. She reported an 80% benefit from Duragesic patches and reported she could not function without them. The injured worker stated she would not be able to get out of bed and it prevented her from taking a whole bunch of oral medications that may end up giving her bad stomach problems. The injured worker complained of 10/10 pain in the lumbar spine, decreased pain to the right buttock rated 5/10, unchanged pain in the left leg rated 6/10, unchanged pain to the thoracic spine, increased pain to the right foot rated 8/10, and unchanged pain to the right leg rated 6/10. The physical examination of the lumbar spine revealed tenderness to palpation over the right paravertebral thoracic spasm, left paravertebral thoracic spasm, right lumbosacral region, and left lumbosacral region. There was decreased range of motion with spasming and pain. There was a negative straight leg raise noted. There was decreased motor strength rated 4/5 to the right ankle dorsiflexion and plantarflexion. There was tenderness to palpation in the gluteal region with radicular sensation down the right foot and toes. There was tenderness to the right great toe and the injured worker still had gluteal pain on the right. The Request for Authorization form was not

submitted within the medical records. The request for lidocaine pads 5% #60 for a 30 day supply and topiramate tab 50 mg #60 for a 30 day supply; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidocaine Pad 5% # sixty (60) for a thirty (30) day supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guideline indications for topical lidocaine are neuropathic pain after there has been evidence of a first line trial of therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Lidocaine Pad 5% # sixty (60) for a thirty (30) day supply is not medically necessary.

**Topiramate tab 50 mg # sixty (60) for a thirty (30) day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Gilron, 2006; Wolfe, 2004; Washington, 2005; ICSI, 2007; Wiffen-Cochrane, 2005; Attal, 2006; Wiffen-Cochrane, 2007; Gilron, 2007; ICSI, 2007; Finnerup, 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

**Decision rationale:** The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend anti-epileptic drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. The most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful

polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The documentation provided indicated the injured worker stopped taking the topiramate and the physician discontinued it. There was a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Topiramate tabs 50 mg # sixty (60) for a thirty (30) day is not medically necessary.