

<b>Case Number:</b>	CM14-0082831		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

The claimant was injured on 03/10/03. Compound topical medications are under review. She saw Dr. [REDACTED] on 10/01/13 and he reported that her peroneal nerves were recovering slowly. She still had numbness of her foot. Her exercises and strengthening were to continue. She had been attending physical therapy. She saw Dr. [REDACTED] on 10/10/13. She reported pain in her low back and the PT for her knee had increased her back pain. She also had right shoulder pain and the injection had helped. X-rays showed a solid fusion of the lumbar spine from L3-S1. She has a history of a fracture of the humeral head, impingement syndrome and rotator cuff tear. She also had a right elbow contusion. She received a Toradol injection. She is status post total knee arthroplasty on 09/28/12 and developed a decubitus ulcer on her heel. She underwent decompression of the peroneal nerve on 07/05/13. On 12/10/13, she saw Dr. [REDACTED]. She had positive Tinel's to percussion over the scar with some numbness and tingling of the superficial peroneal nerve. She still had weakness of dorsiflexion of the great toe. Dorsiflexion of the foot was good. Repeat nerve conduction study was under consideration. She was still improving as of 01/21/14. She was receiving Celebrex but Neurontin was making her groggy. Lyrica was recommended. On 02/17/14, she saw Dr. [REDACTED] for electrodiagnostic testing. Her medications included prednisone, Voltaren gel, gabapentin, Celebrex, Soma, omeprazole, naproxen, tramadol, and cyclobenzaprine. EMG revealed chronic right L5 radiculopathy and polyneuropathy with stocking distribution of sensory loss. On 03/04/14, Dr. [REDACTED] stated the Lyrica was not approved and it was requested again. Dr. [REDACTED] stated on 03/13/14, that she had constant severe pain in the right shoulder and right lower leg with numbness and hypersensitivity from recent surgery. She had pain in her shoulder. The shoulder was injected. She received medications that are not listed. She saw Dr. [REDACTED] on 04/15/14 and had burning pain in the left

foot. She still has difficulty with dorsiflexion. Lyrica was again requested. Compound topical medications have been recommended but no indications or dosages/durations are noted.

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

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

#### **Lidocaine/Hyaluronic Patch 120: 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 Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Lidocaine/hyaluronic patches. The CA MTUS states topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant received refills of multiple oral medications during recent months with no documentation of intolerance or lack of effectiveness. Topical lidocaine is not recommended by the MTUS except in the form of Lidoderm patch and hyaluronic is not recommended. The medical necessity of this request for Lidocaine/Hyaluronic patch 120 has not been clearly demonstrated.

#### **Gab/Lid/Aloe/Cap/Men/Cam Patch 120: 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 Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Gabapentin/lidocaine/aloe/capsaicin/menthol/camphor Patch. The CA MTUS states topical agents may be recommended as an option but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. The claimant received refills of multiple oral medications during recent months with no documentation of intolerance or lack of effectiveness. Topical gabapentin is not recommended and topical lidocaine is only recommended in the form of Lidoderm patch. Topical capsaicin is only recommended in cases of intolerance to first line drugs. The medical necessity of this request for Gabapentin/lidocaine/aloe/capsaicin/menthol/camphor Patch, qty 120 has not been clearly demonstrated.

