

<b>Case Number:</b>	CM14-0096880		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 30-year-old male who reported an injury on 03/28/2007. The mechanism of injury was the injured worker fell approximately 30 feet from a scissor lift to the pavement. The injured worker underwent an MRI of the lumbar spine, cervical spine, and left shoulder as well as x-rays. The injured worker's medication history included LidoPro and Fioricet as of late 2013. The documentation of 04/18/2014 revealed the injured worker had headaches. The injured worker was noted to be prescribed Tramadol and was informed he should not take it with antidepressants which would increase the risk of seizure disorder in an injured worker following head trauma. The injured worker was noted to be taking Wellbutrin 150 mg SR daily and Librax as well as Fioricet. The injured worker indicated that he remained symptomatic with headaches occurring 5 or 6 days a week. The headaches varied in duration from 1 hour up to 2 days. The headaches were diffuse in location. The injured worker was noted to get greater headache relief with the use of Fioricet than over-the-counter Aleve or Excedrin. The injured worker was noted to get lightheadedness or vertigo several times per day. The examination revealed the injured worker was alert and oriented and a fair to good historian that appeared to be slightly drowsy. The examination of the cranial nerves II through XII was normal. The injured worker had tenderness to palpation of the cervical paraspinal muscles bilaterally with an increase in muscle tone bilaterally. The injured worker had decreased range of motion in the cervical spine. The muscle tone and mass were abnormal. There was a measurable amount of atrophy of the left arm and left forearm in a left handed injured worker. The Romberg Test was noted to be negative; however, the injured worker had a slight sway when his eyes were closed. There was a slight unsteadiness when the injured worker arose from a forward flexed position. The Tinel's Sign was positive just medial to the right medial epicondyle with paresthesia's extending to the 4th and 5th fingers of the right hand. There was horizontal nystagmus on bilateral lateral gaze and

rapid head turning and arising from a forward flexed position accentuated the horizontal nystagmus on bilateral gaze. Optokinetic nystagmus could be elicited and was bilaterally symmetrical. The documentation indicated the treatment plan included Fioricet #60 with 2 refills for temporary headache relief and LidoPro Topical Ointment for the cervicogenic component of the headache. The diagnoses included concussion, brief coma, and subdural hematoma. The DWC Form RFA indicated that hydrocodone/APAP 2.5/325 mg #60 1 four times a day was to alternate for headaches with the Fioricet.

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

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

**Fioricet #60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** The California MTUS Guidelines do not recommend barbiturate containing analgesic agents. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 10/2013. The clinical documentation submitted for review indicated the medication was more helpful than over-the-counter medications for the injured worker's headaches. However, there was a lack of documentation of objective functional benefit that was received and an objective decrease in the quantity of headaches the injured worker was suffering. The request a submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Fioricet #60 with two refills is not medically necessary.

**Lidopro topical ointment four ounce:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page 105, Topical Analgesic, page 111, Topical Capsaicin, page 28, Lidocaine, page 112 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 guidelines indicate 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. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The 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. The 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 indicated the injured worker was to utilize the medication for the cervicogenic component of his headaches. However, the documentation indicated the injured worker had utilized the medication since 10/2013. There was a lack of documented efficacy and objective functional benefit for the requested medication. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidopro topical ointment four ounce is not medically necessary.

**Hydrocodone/APAP 2.5/325 mg #60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-84.

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

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker had utilized the medication since at least 10/2013. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone/APAP 2.5/325 mg #60 with two refills is not medically necessary.