

<b>Case Number:</b>	CM14-0099109		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Texas and Ohio. 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 53-year-old female who reported an injury on 09/08/2010. The injury reportedly occurred when she was attacked by 2 dogs at work. She is diagnosed with status post artificial disc replacement at C5-6, cervical radiculopathy, and cervical degenerative disc disease. Her past treatments were noted to include psychiatric treatment, physical therapy, chiropractic care, use of a TENS unit, epidural steroid injections, and participation in a home exercise program. On 06/16/2014, the injured worker presented with complaints of neck pain. She rated her pain 7/10 to 8/10. Her medications were noted to include Norco 10/325 mg, Norflex 100 mg, Elavil 10 mg, and topical LidoPro cream. It was noted that she reported decreased pain and increased function with her medication regimen. She also reported burning when she applied LidoPro cream. It was noted that she had previously tried Ibuprofen and Tylenol, as well as Tramadol, which provided no relief. Her treatment plan included physical therapy and medication refills. However, it was noted that she would be switched to Gabapentin cream due to her burning sensation with LidoPro cream. Requests were received for Orphenadrine citrate 100 mg and LidoPro topical ointment. However, clear rationale for these requests was not provided. The Request for Authorization forms was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants may be used with caution as a second-line option for the short term treatment of acute exacerbations of low back pain. The clinical information submitted for review failed to show that the injured worker has low back pain. However, she was being treated for neck pain. She was noted to report pain relief and increased function with her current medication regimen. However, as the guidelines only support the short term use of muscle relaxants for pain, continued treatment is not supported. In addition, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.

**Lidopro topical ointment 4oz #1:** 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:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. LidoPro is noted to include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The guidelines specify that compounded topical products that contain at least 1 drug that is not recommended are also not recommended. In regard to Capsaicin, the guidelines state that topical Capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. In addition, the guidelines do not support a formulation over 0.025%. In regard to Lidocaine, the guidelines state that Lidocaine in the formulation of the topical Lidoderm patch is recommended in the treatment of neuropathic pain. However, no other commercially-approved topical products, including creams and ointments, are approved at this time. The clinical information submitted for review indicated that the injured worker has neuropathic pain and tried and failed Tylenol, NSAIDs, and Tramadol. However, there was insufficient documentation showing the trial and failure of antidepressants and anticonvulsants prior to the requested topical analgesic. In addition, the topical compound contains Capsaicin and Lidocaine, which are not supported by the evidence-based guidelines. Moreover, the documentation indicates that the injured worker reported adverse side effects with the use of LidoPro, specified as burning with application. Therefore, her most recent clinical note indicates that this medication was being discontinued in favor of a Gabapentin cream. Therefore, further documentation is needed regarding the requested LidoPro ointment. For the reasons noted above, the request is not medically necessary.

