

<b>Case Number:</b>	CM13-0070122		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/21/1997
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 60 year old female who sustained an industrial injury on 02/21/1997. She reported back pain with neck and bilateral upper extremity pain, low back pain with bilateral lower extremity pain, and ongoing occipital pain with migraine headaches. The back pain and extremity pain is aggravated by activity and walking. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculopathy, right-sided knee pain, bilateral shoulder pain, carpal tunnel syndrome, migraine headaches, and status bilateral carpal tunnel release. Treatment to date has included prescription oral and topical medications and nerve blocks. Currently, the injured worker complains of pain in the neck that radiates to the bilateral upper extremities, headache, and low back pain that radiates to the lower extremities. The worker reports her average pain level as 8/10 with medications and 10/10 without medications. The plan is to continue current medications. A request for authorization is submitted for Lidoderm 5% (700mg) Patches #30, Exoten C Lotion 120 ml, and Frova 2.5 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% (700mg) Patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient was injured on 02/21/97 and presents with low back pain that radiates to the bilateral lower extremities and neck pain which radiates to the bilateral shoulders. The request is for LIDOERM 5% (700 MG) PATCHES #30. There is no RFA provided and patient's work status is not provided. The patient has been using these patches as early as 07/05/13. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is diagnosed with cervical radiculitis, lumbar radiculopathy, status post lumbar fusion, migraine headaches, right knee pain, and status bilateral carpal tunnel release. She has an antalgic gait and positive bilateral wrist/hand tenderness. On 08/06/13, she rates her pain as a 7/10 with medications and an 8/10 without medications. There is no indication of where these patches will be applied to. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.

**Exoten C Lotion 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Salicylate, Menthol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient was injured on 02/21/97 and presents with low back pain that radiates to the bilateral lower extremities and neck pain which radiates to the bilateral shoulders. The request is for EXOTEN C LOTION 120 ML. There is no RFA provided and patient's work status is not provided. The report with the request is not provided. Exoten C lotion is a topical analgesic that consists of methyl salicylate 20%, menthol 10%, and capsaicin 0.002%. MTUS guidelines on topical analgesics page 111 (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Capsaicin, MTUS guidelines state that they are recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. There is no indication of where the patient will be applying this lotion

to. The treater does not discuss why the ointment was chosen over other topical creams. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Furthermore, MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested Exoten C lotion IS NOT medically necessary.