

<b>Case Number:</b>	CM15-0139441		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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, who sustained an industrial injury on March 4, 2010. The injured worker was diagnosed as having lateral epicondylitis status post a right epicondylar release in 2010. Treatments and evaluations to date have included right elbow lateral epicondylar debridement in 2010, TENS, bracing, and medication. Currently, the injured worker reports pain and tingling in the right elbow, with night sweats, difficulty breathing, and itching of skin. The Treating Physician's report dated April 23, 2015, noted the injured worker reported no change in her pain since the previous visit. The injured worker reported not restarting the Neurontin, having stopped it for issues of shortness of breath and allergies. The injured worker reported feeling like she was using oral medications too much and it was causing other systemic issues, requesting creams instead to avoid oral medication. The injured worker reported the creams provided about the same amount of pain relief as the Neurontin. The injured worker's current medications were listed as Lidocaine ointment, Capsaicin cream, Neurontin, Meclizine, and Depo-Provera injections every three months. The treatment plan was noted to include a request for authorization for Lidocaine ointment and Capsaicin cream. The injured worker's work status was noted as permanent and stationary with modified work restrictions. On May 26, 2015, the injured worker reported being unable to obtain the topical medications because of denial from the insurance, with more pain and tingling without the creams. The injured worker returned to using Gabapentin at a low dose, monitoring for any issues with shortness of breath.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin cream 0.025% #1 refills 3 DOS 04/23/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medication. Decision based on Non-MTUS Citation Official Disability Guidelines, Salicylate topicals. FDA Topical Analgesics & Topical analgesics compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Capsaicin, topical.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The ODG notes that the FDA warns that topical over-the-counter (OTC) pain relievers that contain capsaicin may, in rare instances, cause serious burns. The documentation provided did not provide documentation of the injured worker's inability to tolerate other treatments. The treating physician's request did not include the site of application, and as such, the prescription is not sufficient. Based on the guidelines, the retrospective request for Capsaicin cream 0.025% #1 refills 3 for the date of service of April 23, 2015, was not medically necessary.

**Lidocaine Ointment 5% #1 refills 3 DOS 04/23/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Salicylate topicals. FDA Topical Analgesics & Topical analgesics compounded.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as

measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line anti-depressants or antiepilepsy drugs. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) designated for orphan status by the FDA for neuropathic pain, and may also be used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. The documentation provided failed to include documentation of a physical examination or diagnosis to support neuropathic pain or post-herpetic neuralgia. The treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the guidelines, the request for this topical analgesic with 3 refills, for the date of service of April 23, 2015, is not medically necessary.