

<b>Case Number:</b>	CM15-0147775		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 11-08-2007. Diagnoses include carpal tunnel syndrome; neck pain; and lesion of the ulnar nerve. Treatment to date has included medications, epidural steroid injections, trigger point injections and physical therapy. She was seen by a psychologist for depressive symptoms. According to the progress notes dated 6-4-2015, the IW reported chronic neck, upper extremity and back pain. She complained of neck pain that radiated down her left upper extremity and low back pain that radiated down her left lower extremity. She reported 30% pain reduction with Buprenorphine and anti-inflammatory medications. No physical exam was documented. MRI of the lumbar spine on 1-7-2014 showed lumbar scoliosis with left convexity and extensive degenerative bone and disc changes with annular disc bulges at the L2-3, L3-4, L4-5 and L5-S1 levels without nerve root encroachment. Medications included Buprenorphine, Lidoderm 5% patch, Paxil and Nabumetone-Relafen. A request was made for Lidoderm patch, #30 and Nabumetone (Relafen), unspecified quantity and, or dosing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #30:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. It was used along with opioids and NSAIDS without mention of reduction or tapering of medications. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Nabumetone-Relafen (Unspecified quantity and/or dosing):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAID.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months as well as opioids. There was no indication of Tylenol failure or need to combine multiple classes of analgesics. Long-term NSAID use has renal and GI risks. The amount and length of use of Relafen was not noted. Continued use of Relafen is not medically necessary.