

<b>Case Number:</b>	CM15-0163094		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Pediatrics, Internal Medicine

### 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 58 year old female who sustained an industrial injury on 09-01-2009. According to a progress report dated 07-31-2015, the injured worker was seen for low backache. Pain was rated 6 on a scale of 1-10 with medications and 8 without medications. She had no new problems or side effects. Quality of sleep was fair. Activity level remained the same. She reported good relief from pain medications but felt that the Lidoderm patch was not as effective as it once was. Current medication regimen included Baclofen, Lidoderm 5% patch, Hydrochlorothiazide, Lisinopril and Naproxen. The provider noted that Lyrica caused slowed cognition and impaired attention. Gabapentin was discontinued due to side effects of swelling of the ankles. Diagnoses included lumbar radiculopathy, lumbar facet syndrome, low back pain and disorder muscle not elsewhere classified. The provider noted that current medications optimized function and activities of daily living. The injured worker continued to have pain symptoms on a continuous basis but they were alleviated somewhat by current medications. Prescriptions were written for Pennsaid 2% solution, Lidoderm 5% patch and Baclofen. The injured worker was permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 700mg/patch #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all 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. According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (nonsteroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. MTUS recommends against Lidoderm for low back pain or osteoarthritis. In this case, documentation shows long term use of Lidoderm patch. In a recent progress report, the injured worker reported that Lidoderm patch was not as effective as it once was. Guidelines recommend against Lidoderm for low back pain. The treating provider did not indicate the site of application. Although the injured worker was unable to take Lyrica or Gabapentin, there was no discussion of trial and failure of antidepressants. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Baclofen 10mg tablet #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all 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. CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no

benefit beyond NSAIDs (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. CA MTUS guidelines state that anti-spasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. MTUS guidelines state that Baclofen's mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Caution should be used in patients with renal and liver impairment. In this case, records show long term use of Baclofen dating back to 03-20-2015. Long term use is not recommended. Despite long term use, the injured worker's physical examination continued to demonstrate paravertebral muscle spasm. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.

**Pennsaid 2 percent solution #1 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 11th Edition (web) 2013 pain chapter updated 06/16/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (nonsteroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid (diclofenac sodium) solution is a topical nonsteroidal anti-inflammatory drug. Per MTUS, NSAIDs (nonsteroidal anti-inflammatory drugs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications for use include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. FDA approved agents include Voltaren

Gel 1% (diclofenac): indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine hip or shoulder. The most common adverse reactions were dermatitis and pruritus. In this case, the injured worker's current medication regimen included Naproxen, an oral nonsteroidal anti-inflammatory drug. Records show long term use of Naproxen. There is no indication that the injured worker could not tolerate oral nonsteroidal anti-inflammatory drugs. Although the injured worker was unable to take Lyrica or Gabapentin, there was no discussion of trial and failure of antidepressants. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.