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| <b>Case Number:</b>   | CM15-0164711 |                              |            |
| <b>Date Assigned:</b> | 09/02/2015   | <b>Date of Injury:</b>       | 01/24/2014 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47-year-old male with an industrial injury dated 01-24-2014. The injury is documented as occurring when a 300-pound door fell on his foot fracturing right metatarsals 2-5. His diagnoses included pain in limb, reflex sympathetic dystrophy of lower limb and chronic pain due to trauma. Prior treatment included surgery for above injury, physical therapy, sympathetic blocks and medications. He presents on 07-21-2015 with complaints of persistent pain, swelling, weakness and stiffness of the right foot. He rates the pain as 5 out of 10 standing and 7 out of 10 sitting. The pain is located in the right foot and ankle. Physical exam is not documented. Lidoderm partially reduced the pain. He had stopped Norco approximately 6 months prior due to side effects. He noted hydrocodone provided improved functionality but did not want to take the other medicines as he had some abdominal pain and felt they did not provide relief. His current medications were Cymbalta, Gabapentin, Ibuprofen, Lidoderm patch, and Ibuprofen. Treatment request is for: Lidoderm 5% patch % (700 mg/patch), #30 with 1 refill- Ibuprofen 800 mg tablet, #60 with 1 refill. Butrans 5 mcg/hr. patch, #4 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 5mcg/hr patch, #4 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** Butrans 5mcg/hr patch, #4 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this medication is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation does not reveal that the patient is being treated for opiate addiction or has had detoxification therefore this request is not medically necessary.

**Ibuprofen 800mg tablet, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Ibuprofen 800mg tablet, #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Ibuprofen without evidence of functional improvement and with persistent pain therefore this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 90, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidoderm 5% patch % (700mg/patch), #30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate evidence of functional improvement on Lidoderm patches. The documentation does not indicate a diagnosis of post-herpetic neuralgia. For these reasons, the request for Lidoderm Patches 5% is not medically necessary.

