

<b>Case Number:</b>	CM15-0168753		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male, who sustained an industrial injury on February 27, 2003. The diagnoses have included complex regional pain syndrome, brachial neuritis or radiculitis, low back pain, chronic pain syndrome of the shoulders-elbows-wrists, other malaise and fatigue, insomnia unspecified, anxiety, sleep apnea and major depressive disorder. Work status was not identified. Current documentation July 14, 2015 dated notes that the injured worker reported feeling better on Lexapro. The injured worker noted a lot of pain related to not filling his medications. Sleeping was noted to be better with Valium. Objective findings noted that the injured worker was more cheerful. Examination revealed tenderness and very tight left trapezius muscles. Left shoulder examination, noted moderate pain with movement. Range of motion was better in the left elbow and wrist with moderate pain noted. Documented treatment and evaluation to date has included medications, psychotherapy and a home exercise program. Current medications include Abilify, Advair, Albuterol inhalation solution, Celebrex, Diclofenac topical gel, Dilaudid, Dulera, EpiPen, Fetzima, Flector patches, Flomax, Lexapro, Lidoderm patches (prescribed since at least March of 2015), Lyrica, Norco, Nuvigil, Pantanal, ProAir, Soma and Valium. The treating physician's request for authorization dated July 16, 2015 included a request for Lidoderm patches, apply 2 patches a day # 60 and Flector patches apply one a day # 30. The original utilization review dated August 10, 2015 non-certified the request for Lidoderm patches apply 2 patches a day # 60 due to no significant change in visual analogue scale scores or noted functional improvement with the continued use of the medication. Utilization review denied the request for Flector patches apply one a day # 30, due to little

evidence per the guidelines for use of non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker was also noted to be able to take oral medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector patch apply one twice a day quantity 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): Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2003 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen, he was feeling better. He had improved sleep and was starting to exercise. Physical examination findings included moderate pain with left upper extremity movements. Medications being prescribed include oral Celebrex. Topical treatments were being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral non-steroidal anti-inflammatory medication and Celebrex is already being prescribed. Additionally, if a topical NSAID were being considered, a trial of generic topical Diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector was not medically necessary.

**Lidoderm patches apply 2 patches a day quantity 60:** 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:** The claimant has a remote history of a work injury occurring in February 2003 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen, he was feeling better. He had improved sleep and was starting to exercise. Physical examination findings included moderate pain with left upper extremity movements. Medications being prescribed include oral Celebrex. Topical treatments were being prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There are other topical treatments that could be considered. Lidoderm was not medically necessary.

