MAXIMUS Federal Services

| Case Number: | CM15-0183278 | | |
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| Date Assigned: | 09/24/2015 | Date of Injury: | 02/01/2013 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

## 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: North Carolina
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 is a 29 year old female, who sustained an industrial injury on 2-01-2013. The injured worker was diagnosed as having bilateral upper extremity pain with possible neuritis and possible thoracic outlet syndrome bilaterally. Treatment to date has included diagnostics, electrical stimulation, aqua therapy, unspecified acupuncture to date (8 sessions authorized 5-11-2015), trigger point injections, and medications. Currently (8-07-2015), the injured worker reported that she never stopped taking Lyrica and felt it was "helpful". She felt that Lidoderm was "useful". She reported that she was unable to see the acupuncturist she was referred to, possibly due to MPN issue. Her pain was not rated. Her function with activities of daily living was not described. Objective findings noted "no significant changes". Her work status remained modified. The progress report dated 1-06-2015 noted that she was trialed on Gabapentin, "which made her sleepy", Orphenadrine, opiates, and non-steroidal anti-inflammatory drugs, and medication use at the time included Cymbalta. Tizanidine was dispensed on 2-03-2015. On 3- 03-2015, she reported that Tizanidine was helpful but made her feel groggy. Her pain was not rated. The treatment plan on 3-03-2015 noted trial Flexeril 7.5mg at night as needed and Lidoderm patches. On 4-30-2015, the progress report did not include a numeric pain rating but did note that she "appears to be in mild to moderate discomfort". She continued Cymbalta, Lyrica, Lidoderm, and Flexeril 10mg (one half tablet to one tablet daily as needed). She was also recommended trial of acupuncture x8 (certified). On 5-27-2015, her pain was rated 4-5 out of 10 with medications and 9-10 without. Her objective findings noted "no significant changes". On 7-08-2015, pain was rated 6 out of 10 with medication and 9 without. Cymbalta was "quite helpful", Lidoderm patches were "helpful", and she stopped using Lyrica,

and Flexeril was used at bedtime for "restorative sleep and allows her to relax". Additional acupuncture was recommended. The treatment plan included Cymbalta 60mg #30, Lidoderm patch #30, Lyrica 75mg #30, Flexeril 10mg #30, acupuncture for the thoracic spine and bilateral upper extremities (2x4), and consult with a thoracic outlet syndrome specialist. On 8-17-2015, Utilization Review non-certified the request for Lidoderm patches, Flexeril, and acupuncture.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti- pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)This medication is recommended for localized peripheral pain. The patient has upper extremity pain. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

**Flexeril 10mg, #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:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing upper extremity pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

**Acupuncture 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows:1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 8 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.