

<b>Case Number:</b>	CM15-0188221		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 is a 60 year old female with a date of injury on 02-17-2000. The injured worker is undergoing treatment for cervical herniated nucleus. The most recent physician progress note dated 05-04-2015 documents the injured worker complains of constant cervical spine pain with bilateral trapezius pain and pain down both arms. Her pain is rated 7 without her medications. There is positive Spurling's, positive trapezius spasms, positive Rhomboids and decreased cervical spine range of motion. The treatment plan on 05-04-2015 was for the medications Zanaflex, Lidoderm patches, Topamax and Ibuprofen. Several documents within the submitted medical records are difficult to decipher. On 09-11-2015 Utilization Review non-certified the request for 1 Box of Lidoderm Patches, 60 Tabs Percocet 7.5/325 MG, and 60 Tabs Topamax 50 MG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tabs Topamax 50 MG:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the claimant was on topical analgesics and opioids. There was no mention of failure of other anti-epileptics. The response to Topamax was not provided. The Topamax is not medically necessary.

**60 Tabs Percocet 7.5/325 MG:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Percocet for an unknown length of time without mention of pain score reduction trends. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

**1 Box of Lidoderm Patches:** 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): Lidoderm (lidocaine patch).

**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 anticonvulsants 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 is not recommended. The claimant was on topical Voltaren as well along with opioids. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.