

<b>Case Number:</b>	CM15-0200622		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

This is a 60-year-old female with a date of industrial injury 11-12-2014. The medical records indicated the injured worker (IW) was treated for cervical pain; extremity pain; reflexive sympathetic dystrophy, upper limb; elbow pain, shoulder pain; and spasm of muscle. In the progress notes (8-31-15), the IW reported neck pain, right upper extremity pain and right shoulder pain that had increased since her last visit. She reported her activity level was the same. She also stated Oxycodone had increased her heart rate to 125 beats per minute and she preferred to stay on topical pain medications. Other pain medications included Ibuprofen, Nabumetone, Voltaren gel (since at least 8-17-15) and Zanaflex. A trial of Lidocaine ointment was prescribed. On examination (8-31-15 notes), her gait was normal. Range of motion of the neck was restricted due to pain and there was tenderness over the C5 to C7 spinous processes, as well as over the paracervical muscles, rhomboids, sternoclavicular joint and trapezius. The right shoulder was also tender to palpation. Ranges of motion were restricted in the right shoulder and right wrist. Tinel's sign was positive at the right elbow. The right wrist was swollen, with erythema and discoloration. Motor strength of the muscle groups in the right upper extremity was 3 out of 5, and 5 out of 5 on the left. Sensation to light touch was increased over the right upper extremity. Treatments included medications, trigger point injections, physical therapy, acupuncture and TENS. Failed medications were Flexeril, Zanaflex and Tramadol; the notes stated Zanaflex and Ibuprofen were discontinued, but it appeared from the medication list, the IW was still taking them. Liver and kidney function panels were ordered due to the IW's report of "fatty liver" and topical analgesics were recommended to be continued due to the efficacy of the Voltaren gel. The IW was on modified work status. A Request for Authorization was

received for one prescription of Lidocaine 5% ointment #180, one prescription of Pennsaid 2% solution, #1 and one BUN (blood urea nitrogen) and creatinine and hepatic function panel. The Utilization Review on 9-15-15 non-certified the request for one prescription of Lidocaine 5% ointment #180, one prescription of Pennsaid 2% solution, #1 and one BUN (blood urea nitrogen) and creatinine and hepatic function panel.

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

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

#### **One (1) prescription of Lidocaine 5% ointment #180: Upheld**

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

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

**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). In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine is not recommended. The claimant was on oral NSAIDs and other topical NSAIDs (Pennsaid). The request for continued and long-term use of Lidocaine is not medically necessary.

#### **One (1) prescription of Pennsaid 2% solution #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach

systemic levels similar to oral NSAIDS. The claimant was on oral NSAIDS and topical Lidcoaine. Multiple analgesics are not justified. Continued use of Pennsaid is unnecessary.

**One (1) BUN/creatinine hepatic function panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDS, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the guidelines, medications such as opioids and Nsaids can pose renal and hepatic risks in those with existing disease. In this case, there was no mention of renal or GI risks. There was intermittent use of NSAIDS. There were no prior abnormal results. The BUN/Cr is not substantiated and unnecessary.