

<b>Case Number:</b>	CM15-0202831		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, 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 injured worker is a 65 year old female, who sustained an industrial injury on 11-17-2010. The injured worker was diagnosed as having cervical sprain-strain - neck, wrist sprain-strain, carpal tunnel syndrome and lumbar sprain - strain. On medical records dated 08-27-2015 and 09-29-2015, the subjective complaints were noted as low back pain that radiates to lower extremity, neck radiating fingers with numbness and tingling sensation and wrist. In the injured worker also complained of bilateral shoulder pain which affects activities of daily living. Pain was rated at a 3-4. Objective findings were noted as tenderness to palpation in cervical paraspinal muscles with hypertonicity of left trap, and tenderness to palpation in lumbar paraspinal muscles. Treatments to date included medication, TENS unit, exercise, and wrist brace for carpal tunnel syndrome. Current medications were listed as Gabapentin, Naproxen Sodium, Omeprazole and Lidopro cream. The patient has had history of H pylori infection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 121gm qty unspecified refills unspecified:** 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), Topical Analgesics.

**Decision rationale:** MTUS guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Lidoderm (lidocaine patch) page 56-57. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents". The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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". Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. There is also no evidence that menthol is recommended by the CA, MTUS Chronic pain treatment guidelines. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Intolerance or lack of response to oral medications was not specified in the records provided. The CA does not recommend the menthol, Lidocaine and Capsaicin, MTUS chronic pain treatment guidelines in this patient. The request for Lidopro 121gm qty unspecified refills unspecified is not medically necessary or fully established in this patient.

**Gabapentin 100mg qty 60 refills 0:** Overturned

**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:** According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". Spinal cord injury: Recommended as a trial for chronic neuropathic pain". Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit". This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The patient had diagnoses of cervical sprain-strain - neck, wrist sprain-strain, carpal tunnel syndrome and lumbar sprain - strain. On medical records dated

08-27-2015 and 09-29-2015, the subjective complaints were noted as low back pain that radiates to lower extremity, neck-radiating fingers with numbness and tingling sensation and wrist. Objective findings were noted as tenderness to palpation in cervical paraspinal muscles with hypertonicity of left trap, and tenderness to palpation in lumbar paraspinal muscles. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient's symptoms. Anticonvulsants or antiepileptics like Gabapentin/Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 100mg qty 60 refills 0 in this patient therefore the request is medically necessary.

**Lidopro 402 one for chronic pain:** 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), Topical Analgesics.

**Decision rationale:** Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". There is little to no research to support the use of many of these agents." The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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". Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines, Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments". Intolerance or lack of response to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA does not recommend the menthol, Lidocaine and Capsaicin, MTUS chronic pain treatment guidelines in this patient. The request for Lidopro 402 one for chronic pain is not medically necessary or fully established in this patient.