

Case Number:	CM15-0207808		
Date Assigned:	10/26/2015	Date of Injury:	10/09/2008
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female who reported an industrial injury on 10-9-2008. Her diagnoses, and or impressions, were noted to include: chronic regional pain syndrome in the lower extremity, type I; and injury to the left femoral nerve and subsequent reflex sympathetic dystrophy (RSD) type II. No imaging studies were noted. Her treatments were noted to include: medication management with toxicology screenings (6-8-15); and rest from work. The progress notes of 9-10-2015 reported: left leg pain; being more active, exercising regularly and with ability to gain muscle weight and tone in the left lower extremity; unchanged moderate pain in the anterior left thigh region, with less pain going down to the big toe; and that medications do help. The objective findings were noted to include: no acute distress; use of cane; and mild dysesthesia in the left anterior thigh; and that she was stable on her current medications. The physician's requests for treatment were not noted to include Lidocaine 4% topical cream, 1 gram 4 x a day as needed for 30 days, 120 grams with 5 refills. The progress notes of 4-14-2015 noted Lidocaine 4% topical cream, 1 gram 4 x a day as needed for 30 days, 120 grams with 1 refill. The Request for Authorization, dated 9-11-2015, was noted to include Lidocaine 4% topical cream, 1 gram 4 x a day as needed for 30 days, 120 gram with 5 refills. The Utilization Review of 9-18-2015 non-certified the request for Lidocaine cream 4% 120 grams, with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% cream 120gm with 5 refills: 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: Based on the 09/10/15 progress report provided by treating physician, the patient presents with left leg pain. The patient is status post left knee surgery on unspecified date. The request is for Lidocaine 4% cream 120gm with 5 refills. Patient's diagnosis per Request for Authorization form dated 09/11/15 includes reflex sympathetic dystrophy of the lower limb, and injury to femoral nerve. The patient utilizes a cane. Physical examination on 06/08/15 revealed mild dysesthesia in the left anterior thigh, otherwise unremarkable. Treatment to date has included physical therapy, chiropractic, acupuncture, psychological intervention, medication management and biofeedback, per 06/08/15 report. Patient's medications include Tramadol, Cymbalta, Lidoderm patch and Lidocaine cream. The patient is permanent and stationary, per 09/10/15 report. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." In this case, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. In addition, the request for 5 refills is excessive, and there are no discussions of how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain, and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Lidoderm DIS 5% #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Based on the 09/10/15 progress report provided by treating physician, the patient presents with left leg pain. The patient is status post left knee surgery on unspecified date. The request is for Lidoderm DIS 5% #90 with 5 refills. Patient's diagnosis per Request for Authorization form dated 09/11/15 includes reflex sympathetic dystrophy of the lower limb, and injury to femoral nerve. The patient utilizes a cane. Physical examination on 06/08/15 revealed mild dysesthesia in the left anterior thigh, otherwise unremarkable. Treatment to date has included physical therapy, chiropractic, acupuncture, psychological intervention, medication management and biofeedback, per 06/08/15 report. Patient's medications include Tramadol, Cymbalta, Lidoderm patch and Lidocaine cream. The patient is permanent and stationary, per

09/10/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided medical rationale for the request. Given the patient's continued pain to left leg and diagnosis, the request for Lidoderm patch would appear to be indicated. However, the request for 5 refills is excessive, and there are no discussions of how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain, and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Tramadol HCL Tab 100mg ER #60 with 1 refill: 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, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 09/10/15 progress report provided by treating physician, the patient presents with left leg pain. The patient is status post left knee surgery on unspecified date. The request is for Tramadol HCL tab 100mg ER #60 with 1 refill. Patient's diagnosis per Request for Authorization form dated 09/11/15 includes reflex sympathetic dystrophy of the lower limb, and injury to femoral nerve. The patient utilizes a cane. Physical examination on 06/08/15 revealed mild dysesthesia in the left anterior thigh, otherwise unremarkable. Treatment to date has included physical therapy, chiropractic, acupuncture, psychological intervention, medication management and biofeedback, per 06/08/15 report. Patient's medications include Tramadol, Cymbalta, Lidoderm patch and Lidocaine cream. The patient is permanent and stationary, per 09/10/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications per progress reports dated 04/14/15 and 09/10/15. It is not known when this medication was initiated. Per 09/10/15 report, treater states "This is a patient with intractable pain who is stable on the current medical regimen. There are no significant side effects and there is no evidence of abuse, diversion or hoarding of the medicines. The current

medical regimen is giving the patient adequate analgesia and helping with activities of daily living. All our patients sign a pain agreement and is kept on file. We monitor patient compliance by means of CURES reports and Urine Drug Screening." UDS dated 06/08/15 was provided. MTUS requires appropriate discussion of the 4A's. Treater has discussed aberrant behavior and adverse effects in addressing the 4A's. However, treater has not addressed before and after analgesia with pain scales or validated instruments; and there are no specific examples of ADL's to demonstrate significant functional improvement. MTUS states that "function should include social, physical, psychological, daily and work activities." In this case, the patient continues with chronic pain due to reflex sympathetic dystrophy, and the treater has discussed some but not all of the 4 A's to warrant continuation of this opiate. Given the lack of documentation as required by guidelines, this request is not medically necessary.