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| <b>Case Number:</b>   | CM15-0020806 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 03/08/1995 |
| <b>Decision Date:</b> | 04/20/2015   | <b>UR Denial Date:</b>       | 01/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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:

The injured worker is a 70 year old female who sustained an industrial injury on 03/08/1995. Diagnoses include bilateral wrist tendinitis and right endoscopic carpal tunnel release in 1997, fibromyalgia-deferred and psyche-deferred. Treatment to date has included therapies, injections, biofeedback, and supplementations. A physician progress note dated 12/19/2014 documents the injured worker returned for medications. She had been receiving various pain management treatments, therapies, injections, biofeedback, and supplementations/detox intravenously. She was provided with cream medications and states that the creams helped her feel the best she has in 20 years. Examination of the cervical, thoracolumbar spine reveals exquisite tenderness to palpation. Her bilateral wrists reveal tenderness to palpation. She was unable to do the Jamar dynamometer grip strength testing. The injured worker withdraws and was difficult to examine. Treatment requested is for Ketoflex 15/10% topical compound cream, #60gm, and Lidoderm patches 5% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on Lidoderm.

**Decision rationale:** The patient presents with bilateral shoulder, bilateral arm, bilateral hand/wrist pain. The physician is requesting LIDODERM PATCHES 5% QUANTITY 60. The RFA from 12/19/2014 shows a request for Lidoderm patches 5%. The patient's date of injury is from 03/08/1995 and she is currently not working. The MTUS guidelines page 57 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, 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. The records show that the patient was prescribed Lidoderm patches prior to 12/19/2014. The 12/19/2014 report shows tenderness to palpation in the bilateral wrists. The patient is unable to do the Jamar dynamometer grip strength testing. Cervical spine and thoracolumbar spine reveals exquisite tenderness to palpation. The patient has a diagnosis of wrist tendinitis and is status post right endoscopic carpal tunnel release from 1997. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. In this case, given the lack of functional improvement while utilizing Lidoderm patches the continued use is not warranted. The request IS NOT medically necessary.

**Ketoflex 15/10% topical compound cream, #60gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with bilateral shoulder, bilateral arm, bilateral hand/wrist pain. The physician is requesting KETOFLEX FOR 15/10% TOPICAL COMPOUND CREAM QUANTITY 60 GM. The RFA from 12/19/2014 shows a request for ketoflex for 15/10% topical compound cream 60 gm supply BID. The patient's date of injury is from 03/08/1995 and she is currently not working. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended." Ketoflex contains ketoprofen. The records show that the patient was prescribed

ketoflex prior to 12/19/2014. Ketoprofen is currently not recommended in topical formulations.  
The request IS NOT medically necessary.