

<b>Case Number:</b>	CM15-0028418		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/23/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 57 year old male who sustained a work related injury February 23, 2005. According to a primary treating physician's report dated January 23, 2015, the injured worker visited the clinic for a new Norco script. There are complaints of constant neck upper and lower back pain, tightness and occasional stabbing, worse at night and with activity. The pain radiates to the right upper extremities with tenderness to the right shoulder with occasional numbness/tingling to the right hand and occasionally to the right lower extremity. There is tightness right gluteus with numbness tingling burning sensation from right calf to right ankle with occasional cramping at bottom of right foot. There are occasional headaches to the back of the head and sometimes temples. The physician noted neuroma injections are administered every 5-6 months by a podiatrist. Diagnoses are cervical degenerative disc disease, cervical radiculitis, right shoulder impingement, lumbosacral or thoracic neuritis or radiculitis unspecified, spinal stenosis lumbar region, and tenosynovitis of the right foot and/or ankle. Treatment plan included continuation of medications, controlled substance contract reviewed and signed, TENS unit, and continue with podiatrist for neuroma injections. According to utilization review dated January 28, 2015, the request for Norco 5/325 #60 is non-certified. The request for Lidopro cream 121gm 4 fl. oz. is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been injured for approximately 8 years and has been treated chronically with opioid pain medications. The medical records do not indicate that the injured worker is having significant pain reduction with objective functional improvement. He is currently not working. Assessment of aberrant drug behavior including periodic urine drug screening does not appear to have been done regularly. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Prior utilization review had modified a request for Norco to allow for weaning. The request for Norco 5/325 #60 is determined to not be medically necessary.

**Lidopro cream 121gm (4 fl oz):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section Topical Analgesics section Page(s): 28, 29, 111-113.

**Decision rationale:** Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines. The request for Lidopro cream 121gm (4 fl oz) is determined to not be medically necessary.