

<b>Case Number:</b>	CM15-0216649		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/21/2005
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Pennsylvania

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:

The injured worker is a 53 year old female who sustained an industrial injury on 11-21-05. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for chronic lumbar intervertebral disc disease with stenosis, gastritis and depressive disorder. Provider documentation dated 9-14-15 noted the work status as permanent and stationary. Treatment has included Tramadol, Ibuprofen and Qualaquin with provider notation the preceding medications "are helping with her pain symptoms". Objective findings dated 9-14-15 were notable for "stiff and painful" gait, lumbar spine decreased and painful range of motion, tenderness to palpation to lumbar musculature, left straight leg raise positive. The original utilization review (10-29-15) denied a request for Qualaquin 324 Mg 1 Po QD for Severe Nocturnal Cramping Count #30 and Lidoderm Patch 5% Two Patches Qd Count # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualaquin 324 Mg 1 Po QD For Severe Nocturnal Cramping Count #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Quinine.

**Decision rationale:** According to the physician progress report of 9/14/2015 this worker was prescribed quaalun for severe nocturnal cramping. Neither the MTUS nor the ODG discuss Quaalun (quinine). Lexicomp does not list nocturnal leg cramps as an indication for quinine but does give a US boxed warning that states "Quinine use for the treatment or prevention of nocturnal leg cramps may result in serious and life-threatening hematologic reactions including thrombocytopenia and hemolytic uremic syndrome/thrombotic thrombocytopenic purpura. Chronic renal impairment associated with the development of thrombotic thrombocytopenic purpura has been reported. The risk associated with quinine use in the absence of evidence of its effectiveness in the treatment or prevention of nocturnal leg cramps outweighs any potential benefit". Quaalun for nocturnal cramping is not appropriate.

**Lidoderm Patch 5% Two Patches Qd Count # 60:** 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:** Topical 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." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine cannot be considered medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain. The request is not medically necessary.