

<b>Case Number:</b>	CM15-0218235		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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:

The injured worker is a 44-year-old female, who sustained an industrial injury on 02-20-2014. A review of the medical records indicates that the worker is undergoing treatment for traumatic brain injury, right internal derangement of knee, degenerative disc disease multilevel lumbar spine, right knee pain, brachial plexus neuropathy, whiplash injury and low back and neck pain. Treatment has included Baclofen (since at least 04-02-2015), Neurontin, Ketorolac (start date unknown), Lidoderm patches (since at least 05-26-2015), bracing, physical therapy, massage, psychotherapy, acupuncture, chiropractic therapy, transcutaneous electrical nerve stimulator unit and functional restoration program (FRP). On 03-24-2015, the worker underwent a behavioral health evaluation to determine if the worker was an appropriate candidate for functional rehabilitation program due to failure to respond to conservative therapy. The worker was approved for the program, which was initiated on 05-04-2015 and consisted of 32 days of treatment. Functional rehabilitation notes were submitted detailing the worker's progress towards goals of the FRP, and although the worker was noted to be stable on pain medications there was no evidence of significant pain relief or objective functional improvement with use, no indication as to the duration of pain relief, time it took for pain relief or pain ratings before and after the use of medications. There was no documentation that the worker had failed first-line therapy (anti-depressants or anticonvulsants) prior to prescription of Lidoderm patches. In a progress note dated 09-17-2015, the physician noted that the worker's progress despite rehabilitative therapy has been minimal and that the worker continued to have difficulty with flexion contractures requiring the use of an extension splint for her right hand as well as loss of

sensation to the right knee requiring the use of a brace and ongoing headaches. The physician noted that Neurontin, Baclofen, Lidoderm patches and the recent addition of Ketorolac for pain were optimized with regarding to helping her manage the pain and were allowing a tolerable reduction in pain and maintenance of independence in activities of daily living on an intermittent basis. Pain was documented as 6 out of 10. Vital signs were documented but there were no objective examination findings of body systems documented. A utilization review dated 10-06-2015 non-certified requests for Lidoderm-Lidocaine HCL 5% patch #90 with 2 refills and Ketorolac Tromethamine 10 mg #20 and modified a request for Baclofen 10 mg #180 with 2 refills to certification of Baclofen 10 mg #20 with no refills to initiate downward titration and complete discontinuation of medication. The medication list include Norco, Baclofen, Gabapentin, Valium, Cymbalta, Ibuprofen, Lidoderm patch and Daxilant. The patient sustained the injury due to a MVA. The patient had received an unspecified number of PT, massage, acupuncture visits for this injury. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided the patient had used a TENS unit for this injury. The patient had an EMG that revealed a motor lesion, MRI of the cervical and lumbar spine that revealed disc protrusions, foraminal narrowing. The patient has had history of TBI with loss of consciousness. Physical examination of the 3/24/15 revealed antalgic gait, limited range of motion of knee and lumbar and cervical spine decreased strength and sensation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #180 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Muscle relaxants (for pain).

**Decision rationale:** Baclofen 10mg #180 with 2 refills. Baclofen is a muscle relaxer used to treat muscle symptoms including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." The patient had diagnoses of traumatic brain injury, right internal derangement of knee, degenerative disc disease multilevel lumbar spine, right knee pain, brachial plexus neuropathy, whiplash injury and low back and neck pain. In a progress note dated 09-17-2015, the physician noted that the worker continued to have difficulty with flexion contractures requiring the use of an extension splint for her right hand as well as loss of sensation to the right knee requiring the use of a brace and ongoing headaches. The patient has had a history of TBI (traumatic brain injury) with loss of consciousness. The use of Baclofen is medically appropriate and necessary in a patient with contractures and a history of traumatic brain injury. The request for Baclofen 10mg #180 with 2 refills is medically necessary and appropriate for this patient at this time.

**Lidoderm/Lidocaine HCL 5% patch #90 with 2 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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidoderm/Lidocaine HCL 5% patch #90 with 2 refills. 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. 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. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or contraindication to oral medications is not specified in the records provided. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. The medical necessity of the request for medication Lidoderm/Lidocaine HCL 5% patch #90 with 2 refills is not medically necessary.

**Ketorolac Tromethamine 10mg #20: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Ketorolac Tromethamine 10mg #20. Ketorolac Tromethamine belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient had diagnoses of traumatic brain injury, right internal derangement of knee, degenerative disc disease multilevel lumbar spine, right knee pain, brachial plexus neuropathy, whiplash injury and low back and neck pain. The patient had an EMG that revealed a motor lesion, MRI of the cervical and lumbar spine that revealed disc protrusions, foraminal narrowing. The patient has had history of a TBI (traumatic brain injury) with loss of consciousness. Physical examination of the 3/24/15 revealed antalgic gait, limited range of motion of knee and lumbar and cervical spine decreased strength and sensation. The patient has chronic pain with significant objective abnormal findings. NSAIDs like Ketorolac Tromethamine are first line treatments to reduce pain. The request for Ketorolac Tromethamine 10mg #20 is deemed medically appropriate and necessary in this patient.