

<b>Case Number:</b>	CM15-0220646		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: North Carolina

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 49 year old male, who sustained an industrial injury on 01-27-2015. He has reported injury to the bilateral wrists and low back. The diagnoses have included low back pain; lumbar degenerative disc disease; pain in thoracic spine; sacroiliitis; myalgia and myositis, unspecified; right wrist sprain; and left wrist strain. Treatment to date has included medications, diagnostics, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, thoracic epidural steroid injection, physical therapy, and home exercise program. Medications have included Meloxicam, Zanaflex, and Gabapentin. A progress report from the treating provider, dated 09-29-2015, documented an evaluation with the injured worker. The injured worker reported thoracic pain, lumbar pain, thoracic and lumbar myofascial pain; history of depression; he has gotten some benefit from the thoracic epidural steroid injection done last week; he trialed Gabapentin, but developed significant side effects, including nausea, and has discontinued it; and he tries to be active and stretch and does a home exercise program. It is noted that the injured worker "would like to try topical agents and he is trying to avoid all systemic medications." Objective findings included the site of injection is clean, dry, and intact; there is no erythema; and he also had tenderness to palpation of his bilateral lumbar paraspinal muscles. The treatment plan has included the request for Lidocaine HCl 5% topical ointment #1 (3 refills); and Voltaren 1% topical gel #1 (3 refills). The original utilization review, dated 10-22-2015, non-certified the request for Lidocaine HCl 5% topical ointment #1 (3 refills); and Voltaren 1% topical gel #1 (3 refills).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lidocaine HCL 5% topical ointment #1 (3 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:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain; 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). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient does have peripheral pain complaints. There is no documentation of failure of first line neuropathic pain medications. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

### **Voltaren 1% topical gel #1 (3 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:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use

and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has low back pain complaints. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.