

<b>Case Number:</b>	CM15-0222026		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/09/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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:

This injured worker is 59 year old male who reported an industrial injury on 2-9-2006. His diagnoses, and or impressions, were noted to include: muscular wasting and disuse atrophy; brachial plexus lesions; cervicgia; reflex sympathetic dystrophy of the upper limb; insomnia due to medical conditions; and bipolar disorder. No imaging studies were noted. His treatments were noted to include: diagnostic studies; and medication management with toxicology studies (7-25-15). The progress notes of 10-22-2015 reported complaints which included: continued right shoulder pain, rated 8 out of 10 with medication, and reduced range-of-motion which worsened x 2 weeks following his last dose of Lyrica, but with less difficulty sleeping though he was still awakened due to acute exacerbations of pain at night; that he was writing better with his right hand; and of significant, but improved, insomnia, agitation and a feeling of mania. The objective findings were noted to include: obesity; moderately pressured speech; decreased cervical range-of-motion; 30% of normal right grip strength; no reflexes in the right brachioradialis and 1+ in the left; moderate ongoing intrinsic muscle loss in both hands with moderate allodynia in the upper extremities; positive right shoulder impingement sign; 1-2+ lower extremity pitting edema; diffuse abdominal tenderness with mild rebound and decreased bowel sounds in all 4 quadrants; severe right hand atrophy with a fixed right 3rd digit and decreased strength; and reduced sensation over the right deltoid, tricep and posterior forearm; and that he was still awaiting the electrodiagnostic studies of 8-20-2015. The physician's requests for treatment were noted to include: Baclofen 10 mg 4 x a day x 1 month, #120 with 5 refills; and Lidoderm 5% topical film, 3 patches to the affected area 3 x a day as needed x 1

month, #90 with 1 refill. The Request for Authorization, dated 10-27-2015, was noted to include Lidoderm 5% film #90 with 1 refill; and Baclofen 10 mg, #120 with 5 refills. The Utilization Review of 11-4-2015 non-certified the requests for: Baclofen 10 mg 4 x a day x 1 month, #120 with 5 refills; and Lidoderm 5% film-patch, 3 applications to the affected area daily x 1 month, #90 with 1 refill.

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

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

**Lidoderm 5% film with 3 applications to the affected area QD for 1 month with a QTY of 90 and refill of 1: 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).

**Decision rationale:** The 59 year old patient complains of right shoulder pain and reduced range of motion, along with insomnia, as per progress report dated 10/22/15. The request is for Lidoderm 5% film with 3 applications to the affected area qd for 1 month with a Qty of 90 and refill of 1. There is no RFA for this case, and the patient's date of injury is 02/09/08. The patient is status post left knee meniscal repair, as per progress report dated 10/22/15. Diagnosis, as per the same progress report, included bipolar disorder, major depressive disorder, insomnia due to medical conditions, brachial plexus disorders, complex regional pain syndrome of the upper extremity, cervicgia, muscle wasting and atrophy, and unspecified abdominal pain. Medications included Baclofen, Clonidine, Effexor, Lidoderm patch, Lyrica, Morphine, Norco, Omeprazole, Polyethylene glycol, and HCTZ. EMG/NCV, dated 07/21/15, revealed moderate ulnar neuropathy at the elbow on the right. The patient's work status has been documented as permanent and stationary, as per progress report dated 09/24/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section 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." ODG guidelines, chapter Pain (Chronic) under Lidoderm (Lidocaine patch) 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. In this case, a prescription for Lidoderm patch is first noted in progress report dated 01/06/15. It is not clear when the patch was initiated. As per progress report dated 10/22/15, medications help reduce pain from 8/10 to 6/10 without any adverse reactions. The patient also reports that with medications, he can walk for 30 minutes, sit for 20 minutes, stand for 20 minutes and perform mild housework. Without medications, the patient is able to walk for 20 minutes, sit and stand for 15 minutes but is unable to do any housework. In the same report, the treater states that medications help the patient "function and perform ADLs including leaving the house, grocery shopping, doing light household work." Lidoderm appears to be part of a

medication regimen that is benefiting the patient, and the patient does suffer from peripheral neuropathic pain. The treater, however, indicates that the patch should be applied to the "affected area" but does not provide any other detail. MTUS supports the use of Lidoderm patches only for peripheral neuropathic pain. Given the lack of specific documentation regarding the site of application, the request is not medically necessary.

**Baclofen 10 mg to be taken 1 tablet PO QID for 1 month with a quantity of 120 and refill of 5:** 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): Muscle relaxants (for pain).

**Decision rationale:** The 59 year old patient complains of right shoulder pain and reduced range of motion, along with insomnia, as per progress report dated 10/22/15. The request is for Baclofen 10 mg to be taken 1 tablet PO QID for 1 month with a quantity of 120 and refill of 5. There is no RFA for this case, and the patient's date of injury is 02/09/08. The patient is status post left knee meniscal repair, as per progress report dated 10/22/15. Diagnosis, as per the same progress report, included bipolar disorder, major depressive disorder, insomnia due to medical conditions, brachial plexus disorders, complex regional pain syndrome of the upper extremity, cervicalgia, muscle wasting and atrophy, and unspecified abdominal pain. Medications included Baclofen, Clonidine, Effexor, Lidoderm patch, Lyrica, Morphine, Norco, Omeprazole, Polyethylene glycol, and HCTZ. EMG/NCV, dated 07/21/15, revealed moderate ulnar neuropathy at the elbow on the right. The patient's work status has been documented as permanent and stationary, as per progress report dated 09/24/15. MTUS Chronic Pain Guidelines 2009, page 63 and Muscle Relaxants (for pain) section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. In this case, Baclofen is first noted in progress report dated 01/06/15. It is not clear when the muscle relaxant was initiated. As per progress report dated 10/22/15, medications help reduce pain from 8/10 to 6/10 without any adverse reactions. The patient also reports that with medications, he can walk for 30 minutes, sit for 20 minutes, stand for 20 minutes and perform mild housework. Without medications, the patient is able to walk for 20 minutes, sit and stand for 15 minutes but is unable to any housework. In the same report, the treater states that medications help the patient "function and perform ADLs including leaving the house, grocery shopping, doing light household work." Baclofen appears to be part of a medication regimen that is benefiting the patient. However, MTUS guidelines do not support long-term use of such muscle relaxants. Additionally, Baclofen is one of the muscle relaxants with most limited published evidence in terms of clinical effectiveness. Hence, the request is not medically necessary.