

<b>Case Number:</b>	CM15-0086391		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: California

Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on August 22, 2012. She reported low back pain and left knee pain. The injured worker was diagnosed as having degenerative joint disease of the knees bilaterally and myoligamentous strain of the lumbar spine. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, physical therapy, lumbar epidural steroid injections, H-wave devise, TENS unit, topical pain patches, medications and work restrictions. Currently, the injured worker complains of sharp pain in the low back radiating down the right lower extremity to the right knee, right knee pain, left knee pain and numbness of the left big toe. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported using a cane for ambulation. She noted none of the previous treatments were helpful in relieving the pain except for medication use. Evaluation on October 28, 2014, revealed continued pain as noted. Evaluation on December 16, 2014, revealed continued pain. It was noted she was the same as the last visit and that she continues to work at this time. Patches, oral and topical medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Hyaluronic (patch) 6 % 0.02 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The primary treating physician's progress report dated February 17, 2015 documented subjective complaints of dull to sharp pain in the lower back, occurring most of the time, radiating to the right leg to the knee, with numbness and tingling in the left big toe. The pain is aggravated by lifting, sitting, bending, pushing and pulling. Dull to sharp pain in the left knee, occurring most of the time, with cracking, swelling and she has to use a cane for walking far distances was noted. The pain is aggravated by prolonged standing, walking, climbing stairs. Physical examination was documented. There is tenderness on palpation. Range of motion was decreased. Diagnoses were degenerative joint disease of the knees bilaterally, and myoligamentous strain of the lumbar spine. Diclofenac 100 mg was prescribed. Lidocaine / Hyaluronic patch #120 was requested 4/13/15. The updated corresponding progress report was not in the submitted medical records. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidocaine / Hyaluronic patch #120 is not supported by MTUS guidelines. Therefore, the request for Lidocaine / Hyaluronic patch #120 is not medically necessary.

**Ketoprofen 20%, Cyclo 2%, Menthol 3.5 % #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in

use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The primary treating physician's progress report dated February 17, 2015 documented subjective complaints of dull to sharp pain in the lower back, occurring most of the time, radiating to the right leg to the knee, with numbness and tingling in the left big toe. The pain is aggravated by lifting, sitting, bending, pushing and pulling. Dull to sharp pain in the left knee, occurring most of the time, with cracking, swelling and she has to use a cane for walking far distances was noted. The pain is aggravated by prolonged standing, walking, climbing stairs. Physical examination was documented. There is tenderness on palpation. Range of motion was decreased. Diagnoses were degenerative joint disease of the knees bilaterally, and myoligamentous strain of the lumbar spine. Diclofenac 100 mg was prescribed. Ketoprofen / Cyclobenzaprine / Menthol #120 was requested 4/13/15. The updated corresponding progress report was not in the submitted medical records. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compounded topical Ketoprofen / Cyclobenzaprine / Menthol #120 is not supported by MTUS guidelines. Therefore, the request for topical Ketoprofen / Cyclobenzaprine / Menthol #120 is not medically necessary.

**Acetaminophen 500 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page 11-12.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen should be recommended on a case- by-case basis. Acetaminophen overdose is a well-known cause of acute liver failure. Acetaminophen, when used at recommended maximum doses, may induce ALT elevations. The primary treating physician's progress report dated February 17, 2015 documented subjective complaints of dull to sharp pain in the lower back, occurring most of the time, radiating to the right leg to the knee, with numbness and tingling in the left big toe. The pain is aggravated by lifting, sitting, bending, pushing and pulling. Dull to sharp pain in the left knee, occurring most of the time, with cracking, swelling and she has to use a cane for walking far distances was noted. The pain is aggravated by prolonged standing, walking, climbing stairs. Physical examination was documented. There is tenderness on palpation. Range of motion was decreased. Diagnoses were degenerative joint disease of the knees bilaterally, and myoligamentous strain of the lumbar spine. Diclofenac 100 mg was prescribed. There was no mention of Acetaminophen 500 mg in the 2/17/15 progress report. Acetaminophen 500 mg #90 was requested 4/13/15. The updated corresponding progress report was not in the submitted medical records. Therefore, the medical necessity of Acetaminophen is not established. Therefore, the request for Acetaminophen 500 mg #90 is not medically necessary.