

<b>Case Number:</b>	CM15-0016171		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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:

The injured worker is a 59 year old male, who sustained an industrial injury on March 10, 2007. The diagnoses have included lumbar radiculopathy. Treatment to date has included acupuncture, physical therapy, home exercise program, MRIs, epidural steroid injection, electrodiagnostic studies, TENS (transcutaneous electrical nerve stimulation) unit, massage, and topical pain medications. On January 7, 2015, the treating physician noted slight improvement of lower back and left leg pain. The injured worker had completed a course of acupuncture, which provided with 30-50% relief. The physical exam revealed a normal gait and normal mobility for sit and stand transactions and for bed mobility. The treatment plan included continuing the topical pain medications. On January 28, 2015, the injured worker submitted an application for IMR for review of a prescription for Capsaicin cream apply topically for pain 3-4 times daily #1, refill x2 and a prescription for Lidocaine-Prilocain 2.5-2.5% #1 tube. The Capsaicin cream was non-certified based on the guidelines recommend this medication only as an option when patients have not responded or are intolerant to other treatments. There was no clear indication for why this medication would be added as acupuncture was providing 30-50% improvement. The Lidocaine-Prilocain was non-certified based on the guidelines only recommend topical Lidocaine in the dermal patches formulation (Lidoderm). The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin Cream, apply topically for pain, 3-4 times daily, #1 with 2 refills:** 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 analgesic Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** The patient presents with low back pain. The request is for CAPSAICIN CREAM, APPLY TOPICALLY FOR PAIN, 3-4 TIMES DAILY #1 WITH 2 REFILLS. Physical examination on 11/26/14 to the lumbar spine revealed tenderness to palpation to the paravertebral muscles on the right side. Straight leg raising test as positive on the right side in supine position. Patient's treatments have included HEP, physical therapy, acupuncture, medications, lumbar ESIs, lumbar MRI, electromagnetic studies and TENS unit. Based on the 11/26/14 progress report, patient's diagnosis include lumbar radiculopathy. Per 09/02/14 progress report, patient's medications include Lidocaine-perilocaine cream 2.5-2.5% and Terocin lotion 0.025-25-10%. Per 11/26/14 progress report. patient can resume/continue usual and customary work. MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS Guidelines page 111 allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. In this case, the patient does not present with fibromyalgia, osteoarthritis, and nonspecific low back pain for which this topical medication would be indicated. The patient has been on this topical cream more than a year. The treater does not discuss its efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the MTUS does not recommend Capsaicin concentration exceeding 0.025%. The request IS NOT medically necessary.

**Lidocaine - Prilocain Cream 2.5-2.5%, #1 tube:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with lower back pain radiating to the right lateral knee. The request is for LIDOCAINE-PERILOCAINE CREAM 2.5-2.5%, #1 TUBE. Physical examination on 11/26/14 to the lumbar spine revealed tenderness to palpation to the paravertebral muscles on the right side. Straight leg raising test as positive on the right side in supine position. Patient's treatments have included HEP, physical therapy, acupuncture, medications, lumbar ESIs, lumbar MRI, electromagnetic studies and TENS unit. Based on the 11/26/14 progress report, patient's diagnosis include lumbar radiculopathy. Per 09/02/14 progress report, patient's medications include Lidocaine-perilocaine cream 2.5-2.5% and Terocin lotion

0.025-25-10%. Per 11/26/14 progress report. Patient came resume/continue usual and customary work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request IS NOT medically necessary.