

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0017111 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 08/21/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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 56 year old female, who sustained an industrial injury on 8/21/2009. On 1/27/15, the injured worker submitted an application for IMR for review of Dendracin Lotion #120 ML, and Lidoderm 5 Percent Patch #90. The treating provider has reported the injured worker complained of low back and lower extremity pain in which acupuncture and medications have been of benefit. The diagnoses have included left L5 radiculopathy. Other notes in the file demonstrate the injured worker complains of tension headaches, leg pain with cramping, and ambulates with a walker, neck pain that radiates to bilateral shoulders and bilateral hands with numbness and weakness. Treatment to date has included acupuncture, epidural steroid injections (3/14/12) MRI right shoulder (12/16/14) and medications. On 11/13/15 Utilization Review non-certified Dendracin Lotion #120 ML, and Lidoderm 5 Percent Patch #90. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

Decision rationale: The patient presents with low back and lower extremity pain, rated 6/10. The request is for LIDODERM 5 PERCENT PATCH # 90. Physical examination to the lumbar spine on 12/30/14 revealed mild to moderate tenderness to palpation bilateral paraspinals from L-4 to S-1 with muscle spasm. Range of motion was decreased, especially on extension 5 degrees. Patient has had lumbar ESIs and has completed 8 acupuncture sessions with benefit. Per 11/24/14 progress report, patient's diagnosis include lumbar degenerative disc disease with 2 mm disc bulge at T12-L1, L1-L2, and L3-L4 with facet atrophy at L4-L5 per MRI of 12/04/09, left L5 and S1 radiculopathy symptoms and left L5 radiculopathy by EMG and bilateral shoulder impingement. Per 12/30/14 progress report, patient's medications include Norco, Lyrica, Ibuprofen, Omeprazole, Laxacin, Lidoderm 5% Patch and Dendracin. Patient's work status was not specified. 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 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it 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. Patient has been prescribed Lidoderm 5% Patch from 08/27/14 and 12/30/14. Treater has not provided reason for the request, nor indicated location that would be treated. Per progress report dated 11/24/14, patient notes 40% improvement in neuropathic/burning pain with the use of Lidocaine patches and she has been able to increase her activities as tolerated. The patient was diagnosed with left L5 and S1 radiculopathy symptoms and left L5 radiculopathy and presents with peripheral neuropathic pain, but is not localized. The patient's neuropathic pain is not amenable to topical patch as the pain is diffuse. MTUS does not support the use of topical lidocaine patches unless neuropathic pain is localized. The request IS NOT medically necessary.

Dendracin Lotion #120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with low back and lower extremity pain, rated 6/10. The request is for DENDRACIN LOTION # 120 ML. Physical examination to the lumbar spine on 12/30/14 revealed mild to moderate tenderness to palpation bilateral paraspinals from L-4 to

S-1 with muscle spasm. Range of motion was decreased, especially on extension 5 degrees. Patient has completed 8 acupuncture sessions with benefit. Per 11/24/14 progress report, patient's diagnosis include lumbar degenerative disc disease with 2 mm disc bulge at T12-L1, L1-L2, and L3-L4 with facet atrophy at L4-L5 per MRI of 12/04/09, left L5 and S1 radiculopathy symptoms and left L5 radiculopathy by EMG and bilateral shoulder impingement. Per 12/30/14 progress report, patient's medications include Norco, Lyrica, Ibuprofen, Omeprazole, Laxacin, Lidoderm 5% Patch and Dendracin. Patient's work status was not specified. MTUS Guidelines pages 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding topical analgesics, MTUS supports NSAIDs for peripheral arthritis/tendinitis problems. Per 12/30/14 progress report, treater is prescribing Dendracin lotion for treatment of neuropathic pain. However, there is no discussion on how this compound product is used and with what efficacy. Dendracin lotion is a compounded topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. This patient presents with low back pain for which topical NSAID is not indicated. Therefore, the request IS NOT medically necessary.