

<b>Case Number:</b>	CM15-0111766		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 8/1/10. The injured worker was diagnosed as having left medial epicondylitis, left carpal tunnel syndrome, right lateral epicondylitis, right medial epicondylitis, recalcitrant cervicobrachial syndrome, wrist and forearm myofascitis, right carpal tunnel syndrome, right shoulder rotator cuff tendinitis, right shoulder biceps tendinitis, right shoulder acromioclavicular joint arthritis, left shoulder rotator cuff tendinitis, left shoulder biceps tendinitis and bilateral degenerative SLAP lesions. Treatment to date has included status post left lateral epicondylar debridement and extensor reattachment and status post endoscopic release, physical therapy, oral medications including Norco and activity restrictions. Currently, the injured worker complains of bilateral shoulder pain status post left lateral epicondylar debridement and extensor reattachment and status post endoscopic release, she also complains of pain in lateral aspect of the right elbow and right palm pain and weakness in right hand. She notes the cortisone injections are not helpful. She is on temporary disability until 10/2015. Physical exam noted painful restricted range of motion of right and left shoulder with impingement sign on the right and tenderness over the left shoulder right lateral epicondyle. The treatment plan included continuation of therapy, LidoPro gel and refilling of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for LidoPro gel, quantity: 2, date of service 05/27/15: 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 Capsaicin Topical Section Topical Analgesics Section Page(s): 28, 29, 111-113.

**Decision rationale:** Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines, therefore, the request for retrospective request for LidoPro gel, quantity: 2, date of service 05/27/15 is not medically necessary.

**Retrospective request for Norco 5/325mg, quantity: 40, date of service 5/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 94, 76, 81, 78, 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-

compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since November 2014 without objective documentation of functional improvement or significant decrease in pain. Additionally, there are no urine drug screens available for review and no opioid agreement in the available documentation. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective request for Norco 5/325mg, quantity: 40, date of service 5/27/15 is not medically necessary.