

<b>Case Number:</b>	CM15-0129949		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, Florida, 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 56 year old female, who sustained an industrial injury on April 23, 2009, incurring arms and legs injuries after a fall at work. She was diagnosed with left ankle fracture and complex regional pain syndrome (CRPS). Treatment included pain medications, topical analgesic patches, sleep aides, anti-inflammatory drugs depressants, antianxiety medications, anti-inflammatory drugs, topical analgesic creams, and work restrictions. Currently, the injured worker complained of mottled red discoloration of both legs, weakness of the legs, hypersensitivity of both legs and crepitus with flexion and extension of the right knee. The treatment plan that was requested for authorization included prescriptions for Nucynta, compounded neuropathic cream and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250 mg, sixty count:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Tapentadol.

**Decision rationale:** This claimant was injured in 2009 with a left ankle fracture and reported complex regional pain syndrome (CRPS). Treatment included pain medications, topical analgesic patches, sleep aides, anti-inflammatory drugs depressants, antianxiety medications, anti-inflammatory drugs, topical analgesic creams, and work restrictions. There is reported a mottled red discoloration of both legs, weakness of the legs, hypersensitivity of both legs and crepitus with flexion and extension of the right knee. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuation. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. The request is non-certified. Therefore, the requested treatment is not medically necessary.

**Compounded neuropathic cream: Amantadine 8%/Bupivacaine 1%/Diltiazem 2%/Doxepin 3%/Orphenadrine 5%/Pentoxifylline 3%/Topiramate 2%/DMSO 4%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** As shared earlier, this claimant was injured in 2009 with a left ankle fracture and complex regional pain syndrome (CRPS). Treatment included pain medications, topical analgesic patches, sleep aides, anti-inflammatory drugs depressants, antianxiety medications, anti-inflammatory drugs, topical analgesic creams, and work restrictions. There was a mottled red discoloration of both legs, weakness of the legs, hypersensitivity of both legs and crepitus with flexion and extension of the right knee. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

**Lidoderm 5% patch, ninety count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** As noted previously, this claimant was injured in 2009 with a left ankle fracture and complex regional pain syndrome (CRPS). Treatment included pain medications, topical analgesic patches, sleep aides, anti-inflammatory drugs depressants, antianxiety medications, anti-inflammatory drugs, topical analgesic creams, and work restrictions. There is reported a mottled red discoloration of both legs, weakness of the legs, hypersensitivity of both legs and crepitus with flexion and extension of the right knee. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS. Therefore, the requested treatment is not medically necessary.