

<b>Case Number:</b>	CM15-0173344		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 01-30-2014. She has reported subsequent neck, bilateral shoulder, bilateral wrist and left elbow pain and was diagnosed with C5-C6 of 2 mm bulge with nerve root impingement bilaterally, bilateral shoulder sprain and strain, left greater than right, status post bilateral carpal tunnel release with residuals and bilateral elbow lateral epicondylitis. MRI of the cervical spine on 01-26-2015 showed 2 mm posterior disc bulge at C5-C6. Treatment to date has included oral and topical pain medication, x-force with solar care unit, stellate ganglion block, physical therapy, acupuncture and surgery. Physical therapy and acupuncture were noted to have not helped with pain relief. In a progress note dated 03-11-2015, the physician noted that pain management physician recommended a diagnostic stellate ganglion block on the left, Lidoderm patches, stopping Lyrica and stopping Gabapentin due to side effects. At that time examination findings showed exquisite tenderness to the left wrist and elbow, decreased range of motion of the bilateral shoulders, worse on the left and 1 out of 4 pain of the right shoulder and 3 out of 4 pain in the left shoulder. Lidocaine patches were prescribed during this visit. The physician also noted that Ketoprofen-Gabapentin-Tramadol cream had been prescribed. During the 04-16-2015 office visit, the physician noted that ganglion blocks provided good but temporary pain relief. On 05-26-2015, the injured worker was reporting severe pain in the upper extremities and neck and a trial of x-force with solar care device was ordered. A June 25, 2015 noted that the injured worker was reporting that x-force device was not doing much good. The most recent progress note dated 08-6-2015 showed that the injured worker reported functional improvement with the two physician consultations and reported mild neck and bilateral shoulder pain, mild to

severe bilateral elbow pain and severe bilateral wrist pain. Objective examination findings showed decreased but improved range of motion of the bilateral shoulders, improved hand grip and flexion of bilateral elbows to 90 degrees before pain set in. Work status was documented as temporarily totally disabled. A request for authorization of Gabapentin 10%, Ketoprofen 20%, Tramadol 20% 30 gm quantity of 1, Lidoderm patches quantity of 30 and continues x-force with solar care unit quantity of 1 was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 10%, Ketoprofen 20%, Tramadol 20%, 30gm Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. In addition, the claimant was prescribed other topical analgesics simultaneously. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on the above medication for a few months. In addition, oral Tramadol had been used as well without indication or evidence for need for both topical and oral. Since the compound above contains these topical medications, the Gabapentin 10%, Ketoprofen 20%, Tramadol 20% is not medically necessary.

**Lidoderm patches Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized

controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. In addition, the claimant was prescribed other topical analgesics simultaneously. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Continue X-Force with Solar Care unit Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The x-force is a dual modality TENS unit. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. There was no mention of spasticity noted in recent progress notes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.