

Case Number:	CM15-0064856		
Date Assigned:	04/10/2015	Date of Injury:	08/31/2006
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: California
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 8/31/2006. The mechanism of injury was not provided for review. The injured worker was diagnosed as having tendinitis, shoulder disorder, generalized pain, shoulder sprain/strain and wrist sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 1/29/2015, the injured worker complains of continued pain. The treating physician is requesting Lexapro and LidAll.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lexapro 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Lexapro <http://www.fda.gov/ohrms/dockets/ac/04/briefing/2004-4065b1-22-tab11C-Lexapro-Tabs-SLR015.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The primary treating report dated December 18, 2014 documented the diagnoses of tendinitis, shoulder disorder, shoulder sprain and strain, and wrist sprain and strain. On December 18, 2014, the patient indicated that Lexapro causes nightmares. The Lexapro was changed to Cymbalta. No physical examination was documented. The primary treating report dated January 29, 2015 documented the diagnoses of tendinitis, shoulder disorder, shoulder sprain and strain, and wrist sprain and strain. No physical examination was documented. The treating physician's progress report dated March 23, 2015 documented the diagnoses of hypertension, gastroesophageal reflux disease, angina, and sleep apnea. No musculoskeletal physical examination was documented. The primary treating report dated December 18, 2014 documented that the patient indicated that Lexapro causes nightmares, and Lexapro was discontinued. Therefore, the request for Lexapro is not supported. Therefore, the request for Lexapro is not medically necessary.

Lid ALL #1 Box: 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 Analgesics, pages 111-113. Decision based on Non-MTUS Citation LidAll <http://www.drugs.com/pro/lidall-patch.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The primary treating report dated December 18, 2014 documented the diagnoses of tendinitis, shoulder disorder, shoulder sprain and strain, and wrist sprain and strain. No physical examination was documented. The primary treating report dated January 29, 2015 documented the diagnoses of tendinitis, shoulder disorder, shoulder sprain and strain, and wrist sprain and strain. No physical examination was documented. The treating physician's progress report dated March 23, 2015 documented the diagnoses of hypertension, gastroesophageal reflux disease, angina, and sleep apnea. No musculoskeletal physical examination was documented. Without a documented musculoskeletal physical examination, the request for topical LidAll is not supported. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported by MTUS guidelines. Per MTUS, any compounded product that contains at least one

drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical LidAll, which contains Lidocaine and Menthol, is not supported by MTUS guidelines. Therefore, the request for LidAll is not medically necessary.