

<b>Case Number:</b>	CM15-0079740		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, Pain Management

### 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 63 year old female, who sustained an industrial injury on 3/16/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having back pain, neck pain, and right wrist pain. Treatment to date has included diagnostics, cervical spine surgery in 2012, left shoulder surgery in 2007, therapy, and medications. Currently, the injured worker complains of pain in her right wrist, low back, and neck. Pain was documented as "about the same" and moderate intensity. Mild restriction of movement due to pain was noted. Current medications included Vicodin, Celebrex, Zanaflex, and Lidoderm. She was retired. The treatment plan included prescriptions for Norco, Qalalaquin, and Lidoderm patches. The use of Lidoderm was noted since at least 10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30 x 1 month with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical Page(s): 112.

**Decision rationale:** Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

**Quaaluan 324 mcg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NLM NIH Daily Med.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Quinine Entry.

**Decision rationale:** Quinine is a medication which can potentially improve nocturnal leg cramps. However, there is a FDA black box warning stating that its "use for the treatment or prevention of nocturnal leg cramps may result in serious and life-threatening hematologic reactions including thrombocytopenia and hemolytic uremic syndrome/thrombotic thrombocytopenic purpura. Chronic renal impairment associated with the development of thrombotic thrombocytopenic purpura has been reported. The risk associated with quinine use in the absence of evidence of its effectiveness in the treatment or prevention of nocturnal leg cramps outweighs any potential benefit." Therefore, the only medically reasonable use is for the treatment of P falciparum malaria, which is not documented in this injured worker. This request is not medically necessary.