

<b>Case Number:</b>	CM15-0090300		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: 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 (IW) is a 52-year-old female who sustained an industrial injury on 03/08/2011. Diagnoses include disorders of the sacrum; lumbar disc displacement without myelopathy; lumbar/lumbosacral disc degeneration; and sciatica. Treatments to date include medications and functional restoration program. According to the visit notes dated 4/9/15, the Injured Worker reported constant low back pain with radiation of numbness on the posterior aspect of her right leg to her foot. Her functional level had decreased since her authorization for Morphine had been denied and she was taking Advil for pain without relief. The Injured Worker stated her daughter had to shop, cook and clean for her. Voltaren gel and Lidoderm patches provided enough relief to allow her to walk and to sleep more comfortably. An MRI from 9/5/12 showed grade I anterolisthesis of L3 on L4 and L4-L5 due to facet arthropathy, with spinal canal stenosis at L4-L5 and right foraminal narrowing and possible nerve root impingement at L5-S1. Electrodiagnostic testing of the bilateral lower extremities on 7/30/12 were suggestive of L5 radiculopathy that is chronic with ongoing denervation. On examination, there was 4/5 musculoskeletal strength in right thigh flexion and right lower leg flexion. A request was made for Ibuprofen 600mg, #90 with 2 refills and Lidoderm 5% patch (700 mg/patch), #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #90 x 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of NSAIDs, including ibuprofen, for the treatment of pain. The MTUS specific recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence of long-term effectiveness for pain or function. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, the records indicate that Ibuprofen is being used as a long-term treatment strategy for this patient's pain. Long-term use is not consistent with the above cited MTUS guidelines; which only support short-term use. Further, the records do not demonstrate that long-term use of NSAIDs in this patient has resulted in objective evidence of improved pain control or function. For these reasons, Ibuprofen is not medically necessary.

**Lidoderm 5% patch (700mg/patch) #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics including lidocaine, the active ingredient in the Lidoderm patch. Topical analgesics are considered as 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. Regarding the use of topical lidocaine, the MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. In this case there is insufficient documentation in the medical records in support of the continued use of Lidoderm. Specifically, there is no evidence that the use of Lidoderm has been associated with any objective measures of pain relief or functional improvement. Without evidence of efficacy, based on the above cited MTUS guidelines, the continued use of Lidoderm is not supported. In summary, the Lidoderm 5% patch is not medically necessary.