

<b>Case Number:</b>	CM15-0093575		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 45 year old female, who sustained an industrial injury in the form of cumulative trauma. Date of injury was noted as 06/04/2009. She reported pain in her right wrist and forearm. Treatment to date has included Botox injections, medications, physical therapy, surgery, stellate ganglion blocks, ketamine infusions, MRI and electrodiagnostic testing. According to a progress report dated 03/19/2015, the injured worker continued to complain of pain in both upper extremities, right greater than left with typical complaints of swelling in both hands with bluish discoloration on her hands as well as sensitivity to touch with allodynia and localized swelling. She also complained of similar complaints to her left lower extremity. She reported significant functional limitation with regards to activities of daily living. She experienced pain with brushing hair, brushing teeth and putting on clothes. Pain occurred with typing, writing, lifting and grasping. She slept poorly at night and often woke up 6 to 8 times. She felt depressed but denied a history of depression. Assessment included complex regional pain syndrome right upper extremity that spread to the left upper extremity and probable left lower extremity, status post left ulnar nerve transposition x 2 on 11/09/2009 and 07/2014, status post first rib and anterior scalene and middle scalene muscle resection, cervical spine sprain/strain, lumbar spine sprain/strain, reactionary depression and anxiety and medication-induced gastritis. The treatment plan included, trigger point injections, psychological evaluation, consideration for spinal cord stimulator trial, consideration for multidisciplinary pain management program and medications to include Lyrica, Baclofen, Klonopin, Effexor, Anaprox, Prilosec, Lidoderm 5% and Doral. A prescription of Lidoderm 5% was written due to her

significant neuropathic pain in both upper extremities and left lower extremity. Treatment to date has included Botox injections, medications, physical therapy, surgery, stellate ganglion blocks, ketamine infusions and trigger point injections. Currently under review is the request for medications - topical Lidoderm 5% quantity 30 no refills.

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

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

**Medication - Topical Lidoderm 5 % QTY 30 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56 and 57.

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

**Decision rationale:** This claimant was injured back in the year 2009. There is ongoing pain to the right wrist and forearm. The plan was for topical Lidoderm, also known as LidoPro. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. 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 not medically necessary.