

<b>Case Number:</b>	CM15-0094396		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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:

This 48 year old woman sustained an industrial injury on 4/14/1998 after falling backward. Evaluations include electromyogram dated 3/25/2015 and right wrist CT scan dated 3/30/2012. Diagnoses include chronic regional pain syndrome of the left upper extremity, global muscular atrophy secondary to disuse, and chronic back pain. Treatment has included oral medications, self-massage, heating pads, surgical intervention, and use of a cane and/or wheelchair. Physician notes dated 4/8/2015 show complaints of neck and bilateral lower extremity pain and burning in the bilateral upper extremities rated 8-9/10. Recommendations include Omeprazole, Ondasetron, Naproxen, Lyrica, Norco, Oxycontin, Ambien, Lidoderm patch, Lidoderm cream, Cymbalta, physical therapy, pain psychologist, right elbow pad, left wrist phalangeal extension brace, urine drug screen, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm cream #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Per the 8 C.C.R. 9792.20 - 9792.26 Page(s): 112 of 127.

**Decision rationale:** This claimant was injured back in 1998. There is still subjective complaints of pain. No objective signs are noted; there is no mention of objective functional improvement out of the medicines. Lidoderm cream 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. And again, there is no evidence of objective functional improvement out of the medicine. The request is not medically necessary.

**Lyrica 75 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127.

**Decision rationale:** This claimant was injured back in 1998. There is still subjective complaints of pain. No objective signs are noted; there is no mention of objective functional improvement out of the medicines. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request is not medically necessary.