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| <b>Case Number:</b>   | CM14-0140917 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 09/29/2011 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40 year old female injured on 09/29/11 due to an undisclosed mechanism of injury. Diagnoses include hand pain, carpal tunnel syndrome, and spasm of muscle. The documentation indicated the injured worker discharged from functional restoration program on 07/23/14 utilizing approximately 1 tablets of Norco 10/325mg per day with intent to continue to taper medication usage. The clinical note dated 08/12/14 indicated the injured worker presented complaining of increased right upper extremity pain, poor sleep quality, and decreased activity level. The documentation indicated the injured worker previously underwent a stellate ganglion block on 10/18/13 and 10/25/13 with relief of hand pain x 6 days. Physical examination revealed tenderness noted at the trapezius, Spurling's negative, spasm and trigger point to right upper trapezius, neck movement restricted, tenderness to palpation noted over the lateral epicondyle of the right elbow, small ganglion cyst felt in the right forearm posteriorly, no erythema/swelling/asymmetry/atrophy/deformity of the right wrist, range of motion restricted, pain with extreme ranges of motion, Gaenslen's sign negative, Tinel's sign positive, tenderness to right 1st carpal metacarpal joint with palpation and passive range of motion, no allodynia noted, and tenderness to palpation noted over the thenar eminence. The documentation indicated Lidoderm sample provided on 10/30/13 without significant decrease in pain. Treatment plan included prescription for Biofreeze, Lidoderm patch, and Norco 10/325mg. The initial request was non-certified on 08/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofreeze 4% gel:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Biofreeze® cryotherapy gel

**Decision rationale:** As noted in the Official Disability Guidelines, Biofreeze gel is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. The clinical documentation indicates the intent to use the medication for chronic pain. Additionally, there is no indication the injured worker requires prescribing of a nonprescription topical cooling agent if required on an as needed basis. As such, the request for Biofreeze 4% gel cannot be recommended as medically necessary at this time.

**Norco 10/325mg QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Criteria for Use of Opioids, Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325mg QTY 60 cannot be recommended as medically necessary at this time.

**30 Lidoderm 5% Patches (700mg per patch):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20, Lidoderm (lidocaine patch), Page(s): 56.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of topical medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line

neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore 30 Lidoderm 5% Patches (700mg per patch) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.