

Case Number:	CM13-0007572		
Date Assigned:	12/20/2013	Date of Injury:	12/12/2008
Decision Date:	02/19/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 43-year-old female who reported a work related injury on 12/12/2008. The specific mechanism of injury is noted as cumulative trauma. The patient requested treatment for cervical disc displacement, cervical disc degeneration, myalgia, myositis, and psychogenic pain. The clinical note dated 10/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued cervical spine pain complaints with right upper extremity radiculitis. The provider also documents that the patient utilizes a Flector patch, a Lidoderm patch, cyclobenzaprine, and ibuprofen. The provider documents that the patient continues to have pain symptoms, but they are alleviated somewhat by current medications. Upon physical exam of the patient's cervical spine, tight muscle band and trigger points were noted bilaterally. The provider documented 2/4 reflexes throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% (#30 + refills 2), Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's duration of use of the requested topical analgesic. In addition, the clinical notes do not document quantifiable objective evidence of efficacy, as noted by a decrease in the rate of pain on a VAS scale, and an increase in function. CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Given the above, the request for Flector patches 1.3% (#30 + refills 2), Qty: 90, is not medically necessary or appropriate.

Lidoderm 5% patch (700mg/patch) (#30 + refills 2), Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's duration of use of the requested topical analgesic. In addition, the clinical notes do not document quantifiable objective evidence of efficacy, as noted by a decrease in the rate of pain on a VAS scale, and an increase in function. California MTUS indicates Lidoderm is the brand name for lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic, or SNRI, antidepressant, or AED such as gabapentin or Lyrica. Given the above, the request for Lidoderm 5% patch (700mg