

Case Number:	CM13-0041345		
Date Assigned:	12/20/2013	Date of Injury:	12/21/1994
Decision Date:	02/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 female claimant sustained an injury on 12/21/94 while employed by [REDACTED]. Requests under consideration include Synovacin, Flector Patch 1.3% #60, and Lidoderm 5% #30. Per [REDACTED], diagnoses includes s/p ACDF C3-7 on 8/28/03; Reactionary depression/anxiety; Lumbar laminectomy syndrome s/p PLIF L4-S1 on 2/4/02; Posterior fusion T12-L2 with hardware removal L4, L5 and S1 on 11/13/10; Bilateral lower extremity radiculopathy; Coccydynia s/p coccyx fracture; abdominal hernia repair on 2/1/11; Lumbar spinal cord stimulator tripole on 9/13/12; Facet arthrosis; and Cervical spondylosis without myelopathy. The patient continues to rely on the lumbar spinal cord stimulator for at least 40% pain relief for radicular lower back pain. Exam revealed tenderness in the cervical musculature with increased tone at medial scapular region; decreased sensation along the posterolateral arm and lateral forearm bilaterally; tenderness along mid-level lumbar region and posterior thoracic musculature with increased rigidity; sensory are slightly decreased along the bilateral posterolateral thighs and calves. Urine test was positive for opiates and he also uses Anaprox. Above requests were non-certified on 9/30/13, citing guidelines criteria and lack of medical necessity.â€

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Synovacin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Studies on the benefits of Synovacin (glucosamine) are limited and neither the safety nor the efficacy has been adequately documented in terms of evidence based medicine standards. Although California Medical Treatment utilization Schedule (MTUS) recommends glucosamine sulphate as an option for moderate knee osteoarthritis, submitted reports have failed to demonstrate any symptoms, clinical findings or diagnosis for arthritis to support its use. The Synovacin is not medically necessary and appropriate.

One prescription of Flector Patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral Nonsteroidal anti-inflammatory drug (NSAID) or contraindications to oral Nonsteroidal anti-inflammatory drugs (NSAIDs) after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here as the patient is also prescribed Anaprox, an oral Nonsteroidal anti-inflammatory drug (NSAID). The efficacy in clinical trials for topical Nonsteroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and short duration. Topical Nonsteroidal anti-inflammatory drugs (NSAIDs) are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 1994 injury. There is no documented functional benefit from treatment already rendered for this 1994 injury. The prescription of Flector 1.3% transdermal patch #60 is not medically necessary and appropriate.

One prescription of Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality

significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for her diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. Lidoderm 5% patch #30 is not medically necessary and appropriate.