MAXIMUS Federal Services

Case Number:	CM13-0072573		
Date Assigned:	01/08/2014	Date of Injury:	05/25/2000
Decision Date:	04/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine 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 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:

According to the records made available for review, the patient is a 69-year-old male with a 5/25/00 date of injury. At the time of request for authorization for Lidoderm 5% patch (#30), Flector 1.3% patch (#30), and Diclofenac 75mg (#60), there is documentation of subjective neck and left shoulder pain with tingling in the left upper extremity. Objective finding are restricted cervical spine and shoulder range of motion. Current diagnoses are post cervical laminectomy syndrome, shoulder pain, and cervical pain. Treatment to date includes medications, Lidoderm patch, Flector patch, and Diclofenac since at least 2/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Lidoderm Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti- depressants or an AED such as gabapentin or Lyrica) has failed, as

criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of post cervical laminectomy syndrome, shoulder pain, and cervical pain. In addition, there is documentation of functional benefit with previous use. However, despite documentation of subjective findings (tingling in the right shoulder), there is no documentation of neuropathic pain. Furthermore, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. The request for Lidoderm 5% patch (#30) is not medically necessary and appropriate.

FLECTOR 1.3% PATCH (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Flector Patch (Diclofenac Epolamine)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The Official Disability Guidelines (ODG) identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of post cervical laminectomy syndrome, shoulder pain, and cervical pain. In addition, there is documentation of functional benefit with previous use. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Furthermore, given documentation of ongoing treatment with Flector patch since at least 2/14/13, there is no documentation of utilization limited to short-term use (4-12 weeks). The request for Flector 1.3% patch (#30) is not medically necessary and appropriate.

DICLOFENAC 75MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. The Official Disability Guidelines (ODG) identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of post cervical laminectomy syndrome, shoulder pain, and cervical pain. In addition, there is documentation of functional benefit with previous use. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of Diclofenac used as second line therapy. The request for Diclofenac 75mg (#60) is not medically necessary and appropriate.