MAXIMUS Federal Services

Case Number:	CM14-0009359		
Date Assigned:	02/14/2014	Date of Injury:	11/09/1998
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/24/2014

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 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:

The patient is a 66-year-old female with an 11/9/98 date of injury, when she stepped backward while vacuuming and fell down, landing on steps and striking the back her head on the ground. The patient has chronic bilateral knee pain, chronic left foot pain; chronic cervical, thoracic, lumbar pain; chronic bilateral TMJ syndrome; chronic headaches; and morbid obesity. The patient is a status post knee replacement surgeries and Temporomandibular joint dysfunction(TMJ) surgery. She has also sustained multiple falls and current medications include Imitrex and Paxil. According to the 12/9/13 Progress note, there is documented pain in both knees; intermittent numbness of her right leg especially when she has been sitting down. There was left foot pain, but no right foot pain; pain in the head and headaches. The patient has a lot of neck pain, upper, and lower back pain. Clinically, there was tenderness in the left ankle; bilateral knee tenderness with slight swelling bilaterally. The patient had bilateral TMJ tenderness and paracervical and paralumbar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 TUBES OF VOLTAREN GEL 1% 100 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Medical necessity for the requested Voltaren gel is not established. This request obtained an adverse determination as the patient had complaints of pain in multiple body parts including the spine, hip, and shoulder. Voltaren is not supported for treatment of these body parts. Although there were also complaints of knee and foot pain, these were not specified as the targets of this treatment option. CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. Furthermore, topical NSAIDs were prescribed, while the patient is utilizing opioids. There is no discussion regarding reduction in oral medications attributed to this topical. No additional medical records addressing these issues were submitted. The request for 5 tubes of Voltaren Gel 1% 100 Grams.

90 PATCHES OF LIDOCAINE 5% WITH 3 REFILLS: Upheld

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

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

Decision rationale: Medical necessity for the requested Lidoderm patch is not established. The patient has complaints of pain in multiple body parts, and is currently prescribed oral and topical medication. In regards to topical Lidocaine, CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There remains no documentation of failed attempts of a first line treatment options and the request for Lidocaine patch is not supported. The request for 90 Patches of Lidocaine 5% with 3 refills is not medically necessary.