

Case Number:	CM14-0109105		
Date Assigned:	08/01/2014	Date of Injury:	08/27/1999
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; transfer of care to and from various providers in various specialties; a knee arthroscopy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for both Lidoderm patches and Flector patches. The applicant's attorney subsequently appealed. The applicant had undergone an arthroscopy, synovectomy, arthroplasty, and injection of platelet-rich plasma surgery on the left knee to ameliorate a preoperative diagnosis of a medial meniscal tear on May 17, 2014. The applicant was described as having extensive chondromalacia and tricompartmental synovitis on operative findings, it was noted. In a followup noted June 5, 2014, the applicant was placed off of work, on total temporary disability and asked to begin physical therapy. On June 5, 2014, the applicant was again placed off of work and asked to pursue physical therapy. A February 6, 2014 progress note was notable for comments that the applicant had comorbidities including diabetes. The applicant also had an indwelling cardiac pacemaker, it was noted. The applicant's medication list was not detailed on many of these visits. On March 17, 2014, the applicant's pain management physician noted that the applicant was status post implantation and explantation of a spinal cord stimulator. The applicant had issues including complex regional pain syndrome of the right lower extremity and advanced knee arthritis status post multiple knee surgeries. Flector was endorsed for knee pain and Lidoderm was endorsed for neuropathic pain, it was noted. The attending provider also endorsed Fioricet for headaches. The attending provider stated that the applicant had failed Lyrica, Neurontin, and Cymbalta as well as amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, the attending provider has posited that the applicant has failed numerous antidepressants and anticonvulsants, including Neurontin, Lyrica, amitriptyline, etc., and that Lidoderm patches are, in fact, being employed for neuropathic pain here. While page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does note that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations, in this case, however, the applicant is too soon removed from the recent knee surgery for any meaningful discussion of functional improvement to take place. Continuing Lidoderm, thus, is a more appropriate option than discontinuing the same. Therefore, the request is medically necessary.

Flector Patches #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac is indicated in the treatment of small joint arthritis which lends itself toward topical application. Topical Flector patches are a derivative of topical diclofenac/Voltaren. In this case, the attending provider is in fact employing the Flector patches for the applicant's knee arthritis. This is an appropriate indication for topical Flector patches. While page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations, in this case, however, the applicant is too soon removed from the date of the recent knee surgery in May 2014 for any meaningful discussion of functional improvement to take place. Continuing Flector, thus, is a more appropriate option than discontinuing the same. Therefore, the request for Flector patches is medically necessary.

