

Case Number:	CM14-0012858		
Date Assigned:	02/24/2014	Date of Injury:	12/16/2005
Decision Date:	08/07/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/31/2014

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 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:

This is a 55-year-old female patient with a 12/16/05 date of injury. A progress report dated on 1/17/14 indicated that the patient complained of pain in the lower back, 6/10. Physical exam revealed palpable twitch positive trigger points in the muscles of the head and neck. Neck extension and flexion was painful. Thoracic spine physical exam demonstrated positive palpable twitch trigger points in the thoracic paraspinal muscles. There was left sided pain at L3-S1 with palpation of the lumbar facets. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles. Range of motion was limited. She was diagnosed with Lumbar spine radiculopathy, lower extremity type two CRPS, Lumbar failed back syndrome, and Sacroiliac sprain. Treatment to date: medication management and physical therapy. There is documentation of a previous 12/30/13 adverse determination. Flector patches was not certified because of long-term chronic use. In regards to Lidoderm patches there was no medical indication supported by guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Flector patch and FDA (Flector Patch).

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. There was documentation that the patient was taking Flector patches for a long time, since at least 10/23/13. The patient noted that she had 50% pain relief from Flector patches. However, guidelines supporting use this medication for acute sprains and strain. In addition there was no documentation of adverse effect of oral NSAIDs. Guidelines only support the short-term use of Flector patches. Therefore, the request for Flector patches 1.3% #60 was not medically necessary.

Lidoderm 5% Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

Decision rationale: 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient noted that she had 50% pain relief from Lidoderm patches. However, there was documentation that the patient had palpable twitch positive trigger points in cervical, thoracic and lumbar spines. In addition, the duration and frequency of use are not documented, nor is functional improvement and documentation that the patient has been able to decrease her oral pain medications. Therefore, the request for Lidoderm 5% patch #60 was not medically necessary.