

Case Number:	CM14-0019215		
Date Assigned:	04/21/2014	Date of Injury:	01/04/2012
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 41-year-old male who reported an injury on 01/04/2012. Per the clinical note, dated 04/01/2014 the injured worker reported continued abdominal pain and poor sleep quality. Per the clinical note, dated 03/28/2014 the injured worker reported constant aching and dull pain to the neck radiating down the bilateral shoulders rated 6/10. The injured worker also reported back pain rated 6/10 as well. Upon physical exam, the injured worker was reported to have moderate tenderness and spasms over the cervical paraspinal muscles extending to the right trapezius. Axial head compression and Spurling's sign were positive on the right, bilateral flexion of the cervical spine was 20 degrees and lateral rotation was 60 degrees. The right shoulder showed decreased range of motion with abduction to 140 degrees and flexion to 150 degrees. Impingement and O'Brien's tests were positive on the right as well. The diagnoses for the injured worker included cervical disc disease, cervical radiculopathy, and cervical facet syndrome. The request for authorization for medical treatment was dated 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Per the request for authorization dated 01/20/2014, it was noted the provider was requesting TG hot and FlurFlex cream. The CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was a lack of documentation indicating the intended use of the requested compound. There is a lack of documentation indicating the components of the topical cream requested. Therefore, the request for topical cream is not medically necessary.

PATCHES: Upheld

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

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

Decision rationale: Per the request for authorization dated 01/20/2014, it was noted the provider was requesting Lidoderm patches. Per the CA MTUS guidelines lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. There is a lack of documentation regarding the request for patches, as there is no indication of the type of patch being requested. The request did not specify a quantity of patches being requested. Based on the injured worker's diagnoses it did not appear Lidoderm would be appropriate. Therefore, the request for patches is not medically necessary.