

<b>Case Number:</b>	CM14-0112836		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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:

The patient is a 53 year-old female with date of injury 07/29/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/01/2014, lists subjective complaints as pain in the neck and right knee. Objective findings: Lumbar spine: Range of motion was restricted due to pain, but normal right lateral bending and left lateral bending. On palpation, tenderness to the paravertebral muscles, spasm, and trigger points were noted bilaterally. Lower extremity reflexes were equal and symmetric. Straight leg raising test was negative. Right knee: Inspection of the knee joint revealed swelling over the medial knee. Crepitus was noted with active movement. Tenderness to palpation was noted over the medial joint line. Motor examination was within normal limits. Light touch sensation was decreased over the lateral and medial aspects of the right foot. Diagnosis: 1. Cervical radiculopathy 2. Lumbar facet syndrome 3. Thoracic degenerative disc disease 4. Cervical spondylosis 5. Shoulder pain 6. Knee pain 7. Lumbar degenerative disc disease 8. Spasm of muscle 9. Wrist pain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications include: 1. Lidocaine Pad 5%, #30 SIG: one patch to skin Q day 2. Flector DIS 1.3%, #30 SIG: every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Pad 5% Day Supply: 30 Qty: 30 Refills: 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

**Decision rationale:** The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Currently the FDA and has approved lidocaine in a concentration as high as 4%. The patches pain prescribed to the patient have a lidocaine concentration of 5%. Lidocaine Pad 5% Day Supply: 30 Qty: 30 Refills: 4 is not medically necessary.

**Flector DIS 1.3% Day Supply: 15 Qty: 30 Refills: 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Although Flector patches which have initially been recommended for some of the patient's extremity complaints, they are for short-term use only. Patient has been using Flector patches for at least 6 months, longer than the recommended time period of 4-12 weeks. Flector DIS 1.3% Day Supply: 15 Qty: 30 Refills: 4 is not medically necessary.