

Case Number:	CM14-0123676		
Date Assigned:	09/24/2014	Date of Injury:	11/12/2013
Decision Date:	12/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 43-year-old female with an 11/12/13 date of injury. According to a progress report dated 6/25/14, the patient stated that she has been working limited hours and after work she is experiencing headaches. She is still having pain in the right side of her neck that occurs when she is looking down. Objective findings: positive Hawkins, left weak grip and ice cold bilateral hands, and decreased range of motion of neck. Diagnostic impression: cervicgia, spasm of muscle, cervical strain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, cervical epidural injections. A UR decision dated 7/2/14 denied the requests for Lidocaine pads and Flector patches. Regarding lidocaine, it is not clear from chart notes reviewed that the claimant has localized peripheral pain and that they have failed a trial of first-line therapy. Regarding Flector, there are no red flags and/or significant positive objective orthopedic/neurologic findings and no indication that claimant is unable to tolerate oral NSAIDs.

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 Qty: 30 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. However, in the present case, the guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidocaine Pad 5% Day Supply Qty: 30 Refills: 00 is not medically necessary.

Flector Dis 1.3% Day Supply Qty: 30 Refills: 00: 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 NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector patch Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch)

Decision rationale: CA 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. However, in the present case, there is no documentation that the patient is suffering from an acute condition. In addition, there is no documentation that the patient is unable to tolerate oral NSAID medications. In fact, it is noted that she is currently taking oral Ibuprofen. Therefore, the request for Flector Dis 1.3% Day Supply Qty: 30 Refills: 00 is not medically necessary.