MAXIMUS Federal Services

Case Number:	CM14-0130676		
Date Assigned:	08/20/2014	Date of Injury:	02/04/2013
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 61-year old female who reported a date of injury of 02/04/2013. The mechanism of injury was from tripping and stumbling without a fall. Diagnoses included lumbago, cervicalgia and elbow pain. The injured worker had a MRI of the lumbar spine on 02/10/2014. Surgeries were not indicated. Prior treatments included the use of oral medications. The injured worker had complaints of intermittent low back and neck pain. The clinical note dated 02/05/2013 noted the injured worker's range of motion in the cervical spine was mildly restricted. The injured worker had paraspinal pain and tenderness with spasticity and a normal neurological exam to the extremities bilaterally. The injured worker had full range of motion to the shoulders bilaterally and impingement signs were negative. The clinical note dated 05/13/2014 noted the injured worker had low back pain that radiated into the left extremity. The injured worker had neck pain with migraine and pain to the hands and bilateral upper extremities. Medications included naproxen, gabapentin, Neurontin, cyclobenzaprine, hydrocodone, tramadol, Terocin patch and Menthoderm gel. The treatment plan included recommendations for physical therapy and medications. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/capsaic (patch) 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. Flurbiprofen is a non-steroidal anti-inflammatory. There is a lack of documentation indicating the injured worker had a diagnosis of osteoarthritis and tendinitis to a joint that is amenable to topical treatment. There is no indication that the injured worker has not responded to or has been intolerant of other treatments. Additionally, the request as submitted did not specify a site of application or frequency of use. As such, the request is not medically necessary.

Lidocaine/hyaluronic (patch) 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The request for Lidocaine/hyaluronic (patch) with 2 refills is not medically necessary. The injured worker had complaints of intermittent low back and neck pain. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain and is not recommended for non-neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has a diagnosis of diabetic neuropathy. The guidelines recommend Lidocaine for topical application in the form of Lidoderm. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the request as submitted did not specify the site of application or frequency of use. As such, the request is not medically necessary.