

Case Number:	CM14-0133476		
Date Assigned:	09/18/2014	Date of Injury:	07/29/2009
Decision Date:	11/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal 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 an injured worker with the diagnoses of cervical radiculopathy, lumbar facet syndrome, cervical spondylosis, shoulder pain, cervical multilevel disk disease, radiculopathy, thoracic multilevel disk disease, left shoulder impingement syndrome, adhesive capsulitis, right shoulder chronic tendinopathy, bilateral knee chronic tendinopathy, myofascial pain, and history of gastrointestinal discomfort. Date of injury was July 29, 2009. Regarding the mechanism of injury, the patient slipped and fell on a puddle on the floor. Medication history included Losartan. The progress report dated 5/1/14 documented subjective complaints of neck pain and bilateral knee pain. The progress report dated 4/1/14 documented physical examination findings. No scoliosis or abnormal curvature noted on inspection of the lumbar spine. Range of motion is restricted with unable to assess due to pain but normal right lateral bending and left lateral bending. On palpation, paravertebral muscles, spasm, tenderness and trigger point is noted on both the sides. All lower extremity reflexes are equal and symmetric. Tenderness noted over the coccyx. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left trapezius muscle right and left. Inspection of the knee joint reveals swelling over medial knee. Crepitus is noted with active movement. Tenderness to palpation is noted over the medial joint line. Upper and lower extremities responded normally to reflex examination. Ankle clonus is absent. Hoffman's sign is negative. Straight leg raising test is negative. The patient has a history of gastrointestinal discomfort secondary to prolonged non-steroidal anti-inflammatory drug (NSAID) use. Utilization review determination date was 7/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% Day Supply 30 qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter - Flector Patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. All non-steroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document that the patient has been prescribed Losartan which is indicated for hypertension. MTUS guidelines warn against the use of NSAIDs in patients with hypertension. The patient has a history of gastrointestinal discomfort secondary to prolonged non-steroidal anti-inflammatory drug NSAID use. According to MTUS guidelines, NSAIDs can cause ulcers and bleeding in the stomach and intestines. Medical records document the long-term use of NSAIDs, which is not recommended by MTUS guidelines. Medical records and MTUS guidelines do not support the use of Flector Patch. Therefore, the request for Flector DIS 1.3% Day Supply 30 qty 60 is not medically necessary.

Lidocaine Pad 5% Day Supply :30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch); Topical Analgesics Page(s): 56-57 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic

neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidocaine Pad 5% Day Supply: 30 is not medically necessary.