

Case Number:	CM14-0150345		
Date Assigned:	09/22/2014	Date of Injury:	12/22/2010
Decision Date:	11/28/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of December 22, 2010. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of psychotherapy. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for topical Pennsaid, and complained that the attending provider had missed out the same. Topical Lidoderm was also denied. The applicant's attorney subsequently appealed. In a handwritten note dated August 11, 2014, difficult to follow, not entirely legible, the applicant reported ongoing multifocal pain complaints associated with chronic low back pain, brachial plexopathy, and chronic regional pain syndrome. The applicant was given prescription for Nucynta, Cymbalta, Fexmid, Lidoderm and Seroquel. Work restrictions were endorsed, although it was not stated whether or not the applicant was working with said limitations in place. In a June 4, 2014 medical-legal evaluation, it was suggested that the applicant had returned to work as an admissions representative at a technical college. The applicant was still having issues with anxiety associated with his injury. The applicant stated that he had received a favorable performance evaluation. The applicant acknowledged that his mental health issues were his predominant concerns. In a handwritten February 24, 2014, progress note, the applicant was again described as having chronic neck and shoulder pain issues associated with chronic regional pain syndrome. Pennsaid, Lidoderm, Nucynta, Trazodone and Cymbalta were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, QTY: 90: 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 Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant and adjuvant medication, effectively obviates the need for Lidoderm patches at issue. Therefore, the request is not medically necessary.

Pennsai: 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 diclofenac/Voltaren section. Page(s): 112.

Decision rationale: The applicant's primary pain generators here are the neck, low back and shoulder. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren has "not been evaluated" for issues involving the spine or shoulder, i.e., the primary pain generators here. The attending provider failed to furnish any compelling applicant specific rationale, which would offset the tepid to unfavorable MTUS position on usage of topical Pennsaid/Voltaren/diclofenac, for issues involving the neck and shoulder, as are present here. It is further noted that the applicant's ongoing usage of Cymbalta, trazodone, Nucynta and other first line oral pharmaceuticals effectively obviates the need for topical Pennsaid. Therefore, the request is not medically necessary.