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| Case Number: | CM14-0156590 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 12/30/1997 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 Preventive 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:

According to the records made available for review, this is a 53-year-old female with a 12/30/97 date of injury. At the time (8/20/14) of request for authorization for Flector 1.3% patch #30 with 2 refills and Lidoderm 5% patch #30 with 2 refills, there is documentation of subjective (chronic bilateral knee pain with swelling, exacerbated by prolonged standing and sitting) and objective (audible popping of the left knee with tender facets, painful range of motion, and mild effusion; right knee anterior pain with extension) findings, current diagnoses (bilateral knee patellofemoral arthrosis), and treatment to date (ongoing therapy with Flector and Lidoderm patches). Medical reports identify that the patient has tried and failed numerous medications including Lyrica, Nucynta, Hydrocodone, Oxycodone, Pamelor, and Savella; and that oral medications cause GI upset. Regarding Flector 1.3% patch #30 with 2 refills, there is no documentation of short-term use (4-12 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flector patch use to date. Regarding Lidoderm 5% patch #30 with 2 refills, there is no documentation of neuropathic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (Diclofenac Epolamine), and on Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of a diagnosis of bilateral knee patellofemoral arthrosis. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). Furthermore, given documentation that oral medications cause GI upset, there is documentation of contraindications to oral NSAIDs. However, given documentation of ongoing treatment with Flector patch, there is no documentation of short-term use (4-12 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flector patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Flector 1.3% patch #30 with 2 refills is not medically necessary.

Lidoderm 5% patch #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of bilateral knee patellofemoral arthrosis. In addition, given documentation that the patient has tried and failed numerous

medications including Lyrica, Pamelor, and Savella, there is documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing treatment with Lidoderm patch, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patch #30 with 2 refills is not medically necessary.