

Case Number:	CM14-0157833		
Date Assigned:	10/01/2014	Date of Injury:	11/10/2005
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 42 year old female with an injury date on 11/10/05. Based on the 09/08/14 progress report provided by [REDACTED] D., the patient complains of head, shoulder, and bilateral arm pain rated 8/10, which is decreased to 6/10 with medications. Physical examination reveals restricted range of motion to the left elbow, and tenderness to palpation over left lateral and medial epicondyles, left forearm and wrist. Allodynia is noted on the right hand. Current medications include Celebrex, Thermacare Heatwarp, Lidoderm 5% patch, Methoderm, Lisinopril-hydrochlorothiazide, Glimepiride, Metformin Hcl, and Vitamin D. Diagnosis 09/08/14- RSD upper limb- Chronic pain syndrome- Depression, NOSThe utilization review determination being challenged is dated 09/08/14. The rationale follows:1. Lidoderm 5% patch #30, 2 refills: "There is no indication the patient had taken antiepileptic drugs in the past for the treatment of her condition."2. Celebrex 200 mg #60, 2 refills: "The submitted documentation does not indicated that the patient has previously taken acetaminophen for treatment of her condition...A search of the submitted documentation finds no indication of the patient having any form of arthritis."3. Methoderm lotion 240 mg. 2 refills: "The guideline state that any compounded product that contains a least one drug that is not recommended is not recommended." [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/14 to 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of 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 states regarding indication, Neuropathic pain Page(s): 112.

Decision rationale: The patient presents with head, shoulder, and bilateral arm pain. The request is for Lidoderm 5% patch #30, 2 refills. Diagnosis dated 09/08/14 includes RSD upper limb and chronic pain syndrome. MTUS Page 112 states regarding indication, Neuropathic pain: "Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Physical examination reveals restricted range of motion to the left elbow, and tenderness to palpation over left lateral and medial epicondyles, left forearm and wrist. Patient presents with RSD of the upper limb but this is a diffuse, neuropathic condition. It is not localized. Furthermore, the physician does not indicate how this is helping the patient in terms of pain reduction and function. This request is not medically necessary.

1 Prescription of Celebrex 200mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines supports it for chronic low back pain Page(s): 22.

Decision rationale: The patient presents with head, shoulder, and bilateral arm pain. The request is for Celebrex 200 mg #60, 2 refills. Diagnosis dated 09/08/14 includes RSD upper limb and chronic pain syndrome. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Celebrex is included in patient's list of medications per physician's report dated 09/08/14. Patient presents with chronic pain syndrome, and physician states that medications help decrease pain rating from 8/10 to 6/10. The request meets MTUS indication and is considered medically necessary.

1 Prescription of Menthoderm Lotion 2409mg with 2 refills: 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 on compounded products Page(s): 111.

Decision rationale: The patient presents with head, shoulder, and bilateral arm pain. The physician is requesting Menthoderm lotion 240 mg with 2 refills. Diagnosis dated 09/08/14

includes RSD upper limb and chronic pain syndrome. Methoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. The MTUS page 111, gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. This topical product may be indicated for the patient's RSD symptoms of the extremity. However, the ODG guidelines regarding menthol state the active ingredient in Biofreeze is menthol and that it is recommended for acute pain and take the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition, so the whole compounded product that contains Menthol, is not recommended. As such, this request is not medically necessary.