

Case Number:	CM14-0158156		
Date Assigned:	10/01/2014	Date of Injury:	11/05/2007
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
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 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 chronic neck and left upper extremity pain reportedly associated with an industrial injury of November 5, 2007. The applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and reported return to regular duty work. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for Flector patches and topical lidocaine ointment. The applicant's attorney subsequently appealed. In a September 15, 2014 progress note, the applicant presented with primary complaints of shoulder and neck pain with an ancillary complaint of headaches. The applicant was working regular duty, it was acknowledged, despite ongoing complaints of neck pain radiating to the left arm. The applicant's medication list included topical Flector, oral Motrin, topical lidocaine, oral contraception, and Voltaren gel. Flector and lidocaine were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12 hr patch, QTY: 60 (6 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, Pain Procedure Summary last updated 9/10/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7, 112.

Decision rationale: Topical Flector is a derivative of topical diclofenac/topical Voltaren. As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, however, topical Voltaren/diclofenac/Flector has "not been evaluated" for treatment of the spine, hip, and/or shoulder. In this case, however, the applicant's primary pain generators are, in fact, the cervical spine and the shoulder, body parts for which Flector has not been evaluated. It is further noted that page 7 of the Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not clearly stated why the applicant needs to use both topical Voltaren gel and topical Flector patches. Therefore, the request is not medically necessary.

Lidocaine 5% topical ointment, QTY: 250mg tube (6 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 Lidocaine Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, 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, there was no mention of antidepressant adjuvant medication or anticonvulsant adjuvant medication failure prior to selection and/or ongoing usage of the topical lidocaine patches at issue. Therefore, the request is not medically necessary.