

Case Number:	CM14-0160170		
Date Assigned:	10/14/2014	Date of Injury:	05/10/2011
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old female who was injured on 5/10/2011. She was diagnosed with degenerative cervical disc disease and cervicgia. She was treated with topical analgesics including lidocaine and topical diclofenac. She was also treated with oral NSAIDs, muscle relaxants as needed, gabapentin, anti-depressants, physical therapy, and acupuncture. On 7/14/2014, the worker reported to her primary treating physician that the Flector patches and lidocaine patches were both discontinued due to ineffectiveness. On 9/11/2014, the worker was seen by her treating physician for a follow-up complaining of continual left neck and left shoulder pain. She reported being able to work full duty. She reports the topical medications (Flector and Lidocaine) being used for flare-ups which helps relieve her pain temporarily. She prefers topical medications. Physical findings included normal range of motion of the neck and tenderness of the upper back. She was then recommended to continue using Flector and lidocaine patches as well as was referred to an anesthesiologist for consideration of an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 Percent Patch Qty: 30: 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); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she had objective findings suggestive of neurological compromise of her lower neck/upper back area, and had been using oral gabapentin for this as well as lidocaine patches, which were reported to help. However, there was evidence to suggest that she had stopped using the lidocaine patches months before the request to continue them due to "ineffectiveness". Also, if the worker was still using them at the time of the request, it is required to document pain-relief and functional improvements quantitatively so the reviewer can assess whether or not the medication, such as lidocaine in this case, is providing clear benefit in order to justify continuation. Therefore, the lidocaine patches are not medically necessary to continue.

Flector 1.3 Percent Patch Qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, she had reported that she discontinued them due to "ineffectiveness", however later they were reported as being continued and now requested to be continued. If the worker was using Flector patches, there was not sufficient evidence that suggested it was improving her function or pain, since this was not documented as being assessed quantitatively. Also, it is unnecessary to both take a topical and oral NSAID. The worker reported using Ibuprofen as well as Flector patches. Therefore, the Flector patches are not medically necessary to continue.

