

Case Number:	CM14-0164233		
Date Assigned:	10/09/2014	Date of Injury:	07/29/2009
Decision Date:	12/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 54-year-old female who sustained an industrial injury on July 29, 2009. The mechanism of injury was trip and fall. Her diagnoses included lumbar radiculopathy, knee osteoarthritis, shoulder tendinitis, adhesive capsulitis and cervical spine disc disease with confirmed radiculopathy per EMG/NCV. Treatment included medications including Lyrica, epidural steroid injection, left knee cortisone injection and physical therapy. The clinical note from July 25, 2014 was reviewed. Subjective symptoms included pain in her head, neck, upper back, mid back, lower back, left shoulder, left elbow, left wrist, left hand, left leg, both knees, left ankle and left foot. The pain was associated with tingling and numbness in the left arm, left leg, left hand and left foot. The pain was relieved with medication, rest, application of heat and ice, elevating the affected area, bracing, compression, lying down, relaxing and pushing shopping cart and leaning forward. On examination, she had an elevated blood pressure of 160/110 mm of Hg, had full cervical spine range of motion, had tenderness to palpation over the bilateral cervical spine paraspinal muscles, and had tenderness to palpation over left shoulder, limited range of motion of lumbar spine and tenderness to palpation over lumbar paraspinal muscles. There was diminished sensation in the right C7 and C8 dermatomes of the upper extremities. Diagnoses included cervicalgia, lumbago, lesion of the ulnar nerve, displacement of cervical intervertebral disc without myelopathy and continuous opioid dependence. The plan of care included left shoulder injection, right knee injection, Suboxone 8mg 3 daily, Flector 1.3% patch 2 patches daily, Lidoderm 5% patch daily, Amitiza 24mcg 2 daily. She had been on topical NSAIDs and Lidoderm since at least 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% (Day Supply: 30 Qty: 60 Refills: 2): 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 Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, topical NSAIDs (like Flector patch) are indicated for relief of pain due to osteoarthritis and tendinitis of knee joint, hand, wrist and elbow joints for short term (4-12 weeks). The employee had been on topical NSAIDs (Voltaren gel) since at least 2013. In addition, she had uncontrolled hypertension. Therefore, the request is not medically necessary or appropriate.

Lidocaine Pad 5% (Day Supply: 30 Qty: 30 Refills: 00): Overturned

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 Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment guidelines, Lidocaine is recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy with anti-depressants or an AED such as Gabapentin or Lyrica. The employee had EMG/NCV confirmed radiculopathy and was having pain despite increasing doses of Lyrica. Therefore, the request is medically necessary and appropriate.