

Case Number:	CM14-0166081		
Date Assigned:	10/13/2014	Date of Injury:	11/24/2010
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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:

According to the records made available for review, this is a 52-year-old female with an 11/24/10 date of injury. At the time (8/27/14) of request for authorization for Pennsaid 1.5 percent Solution, Apply 2-3x /day as needed and Lidocaine 5 percent Patch, Apply 12 hours per day as needed, there is documentation of subjective (neck, right upper extremity, and right hip pain) and objective (restricted cervical spine range of motion, hypertonicity and spasm of paravertebral muscle, positive hawkin's sign over right shoulder, and tenderness over right trochanter area) findings, current diagnoses (right upper extremity carpel tunnel syndrome, right shoulder impingement syndrome, right hip trochanteric bursitis, and degenerative osteoarthritis of right hip), and treatment to date (medications (including ongoing treatment with Pennsaid solution since at least 7/25/14, and Lidocaine patch)). Medical reports identify that the patient reported burning sensation to stomach with previous use of NSAIDs. Regarding Pennsaid 1.5 percent Solution, Apply 2-3 /day, there is no documentation of an intention for short-term use (4-12 weeks). Regarding Lidocaine 5 percent Patch, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed; 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 Lidocaine patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5 percent Solution, Apply 2-3/day as needed: Upheld

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

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, Topical analgesics

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. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right shoulder strain, right hip trochanteric bursitis, and degenerative osteoarthritis of right hip. In addition, there is documentation of osteoarthritis pain. Furthermore, given documentation that the patient reported burning sensation to stomach with the previous use of NSAIDs, there is documentation of failure of an oral NSAID. However, given documentation of records reflecting prescription for Pennsaid solution since at least 7/25/14 and a request for Pennsaid 1.5 percent Solution, Apply 2-3/day as needed, there is no (clear) documentation of an intention for short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 1.5 percent Solution, Apply 2-3/day as needed is not medically necessary.

Lidocaine 5 percent Patch, Apply 12 hours per day as needed: 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 Lidoderm (lidocaine patch) Page(s): 55-57.

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 diagnoses of right shoulder strain, right hip trochanteric bursitis, and degenerative osteoarthritis of right hip. In addition, there is documentation of neuropathic pain; and ongoing treatment with Lidocaine patch. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidocaine 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 Lidocaine patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 5 percent Patch is not medically necessary.