

Case Number:	CM14-0174541		
Date Assigned:	10/27/2014	Date of Injury:	05/01/2007
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pain Management and Rehabilitation 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:

This patient sustained an injury on 5/1/07 while employed by [REDACTED]. Request(s) under consideration include Retrospective Topical Lidoderm/ Gaba/Keto- Lipoderm base; disp fee 120gm (Date of service: 7/31/14). Diagnoses include Lumbago/ lumbosacral neuritis; Cervical post-laminectomy syndrome C5-7 corpectomy/fusion 2/2008; s/p corpectomy fusion T7-9 4/2012; right rotator cuff and bone spur, 10/2005; left knee replacement, 1/2009; right knee meniscal repair 4/2003, 2/2005 and replacement, 7/2005; left thumb release, 12/2008; and general osteoarthritis. Report of 9/4/14 from the provider noted the patient with chronic ongoing symptoms in the neck, upper/ mid back, bilateral buttocks, thighs, knees rated at 7-9/10 with headaches. continuing on medications including Fentanyl. Treatment was for continued medications. Report of 10/1/14 from the provider noted patient with increased breakthrough pain causing decreased function with baseline pain not well-controlled. Pain continues in the neck, back, buttocks, and thighs with associated sensation of pins and needles in the arms. Exam noted no acute distress; head/eyes/ mouth/ airway/ heart/ chest exam unremarkable; and musculoskeletal exam indicates antalgic gait with assist device; no neurological exam documented. Diagnoses included lumbago/ thoracic lumbosacral neuritis or radiculitis; postlaminectomy syndrome, cervical region; generalized osteoarthritis; and opioid dependence. Plan for medication refills. The request(s) for Retrospective Topical Lidoderm/ Gaba/Keto- Lipoderm base; disp fee 120gm (Date of service: 7/31/14) was non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm; Lipoderm base; 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: This patient sustained an injury on 5/1/07 while employed by [REDACTED]. Request(s) under consideration include Retrospective Topical Lidoderm/ Gaba/Keto-Lipoderm base; disp fee 120gm (Date of service: 7/31/14). Diagnoses include Lumbago/ lumbosacral neuritis; Cervical post-laminectomy syndrome C5-7 corpectomy/fusion 2/2008; s/p corpectomy fusion T7-9 4/2012; right rotator cuff and bone spur, 10/2005; left knee replacement, 1/2009; right knee meniscal repair 4/2003, 2/2005 and replacement, 7/2005; left thumb release, 12/2008; and general osteoarthritis. Report of 9/4/14 from the provider noted the patient with chronic ongoing symptoms in the neck, upper/ mid back, bilateral buttocks, thighs, knees rated at 7-9/10 with headaches. continuing on medications including Fentanyl. Treatment was for continued medications. Report of 10/1/14 from the provider noted patient with increased breakthrough pain causing decreased function with baseline pain not well-controlled. Pain continues in the neck, back, buttocks, and thighs with associated sensation of pins and needles in the arms. Exam noted no acute distress; head/eyes/ mouth/ airway/ heart/ chest exam unremarkable; and musculoskeletal exam indicates antalgic gait with assist device; no neurological exam documented. Diagnoses included lumbago/ thoracic lumbosacral neuritis or radiculitis; postlaminectomy syndrome, cervical region; generalized osteoarthritis; and opioid dependence. Plan for medication refills. The request(s) for Retrospective Topical Lidoderm/ Gaba/Keto- Lipoderm base; disp fee 120gm (Date of service: 7/31/14) was non-certified on 10/6/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2007 without documented functional improvement from treatment already rendered. The Retrospective Topical Lidoderm- Lipoderm base; disp fee 120gm (Date of service: 7/31/14) is not medically necessary and appropriate.