

Case Number:	CM14-0183871		
Date Assigned:	11/10/2014	Date of Injury:	07/09/2013
Decision Date:	12/31/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 49-year-old female with a 7/9/13 date of injury. The mechanism of injury occurred as a result of repetitive motion while working as a phlebotomist. According to a progress report dated 10/13/14, the patient reported continued lower back pain with radiation into the right anterolateral thigh as well as the lower leg and dorsal foot. She also had bilateral wrist pain with radiation into the right elbow. She rated her pain as an 8/10. Kera-Tek gel improved her pain from an 8/10 to a 5/10. Objective findings: decreased lumbar range of motion, decreased right shoulder range of motion in all planes, positive impingement sign. Diagnostic impression: right shoulder impingement syndrome, lumbar radiculopathy secondary to disc herniation, bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 10/30/14 denied the requests for Kera-Tek and Lidoderm patches. A rationale for the decisions was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (Non-steroidal anti-inflammatory's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 105, 111-113.

Decision rationale: California MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of topical salicylates, the requested Kera-Tek has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why this patient requires Kera-Tek instead of an over-the-counter equivalent was not provided. Therefore, the request for Kera-Tek Analgesic Gel was not medically necessary.

Lidoderm Patches 5% apply to lumbar spine and right shoulder; 12 hours on and 12 hours off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Lidoderm Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the present case, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. In addition, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidoderm Patches 5% apply to lumbar spine and right shoulder; 12 hours on and 12 hours off was not medically necessary.