

Case Number:	CM14-0026043		
Date Assigned:	06/20/2014	Date of Injury:	06/30/1997
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine 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:

The injured worker is a 61 year old female who reported an injury on 06/30/1997 due to an unspecified mechanism of injury. On 05/27/2014 she reported severe acute exacerbations of pain in the right knee. Physical examination revealed tenderness along the patella facet and sub patellar crepitation with range of motion, tenderness along the lateral joint line and pain with deep flexion. Her diagnoses included chronic pain syndrome, bilateral knee arthritis, diabetes, obesity, and plantar fasciitis. Medications included Motrin 800mg 1 tab twice a day, and topical Lidoderm patches applied every 12 hours. The treatment plan was for a refill on P3 topical compound #120 gms and a refill on Lidoderm patches #30. The request for authorization form and rationale for treatment were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill P3 topical compound # 120 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The injured worker's pain was not reported to be neuropathic. In addition, the frequency and location of the medication was not specified in the request. The documentation provided lacks the information needed to warrant the request. As such, the request is not medically necessary and appropriate.

Refill Lidoderm patches # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Lidoderm has been designated for orphan status by the FDA for neuropathic pain and is also used off label for diabetic neuropathy. There is no documentation provided stating that the injured worker's pain is neuropathic. The injured worker does have diagnoses of diabetes. However, there are no reports that indicate the injured worker is experiencing diabetic neuropathy. Furthermore, the medication frequency, location, and rationale were not provided. The documentation provided lacks the necessary information needed to warrant the use of Lidoderm patches. As such, the request is not medically necessary and appropriate.