

Case Number:	CM14-0027994		
Date Assigned:	06/16/2014	Date of Injury:	12/16/2010
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 46-year-old female with a reported date of injury on 12/16/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right ankle sprain, aggravation of ulnar fracture, nonunion, status post open reduction and internal fixation with bone grafting, trochanteric bursitis bilaterally, mild subluxation at the extensor carpi ulnaris, right wrist sprain, sleep, depression and stress. Her previous treatments were noted to include orthotics, a back brace, hot and cold wrap, TENS unit, physical therapy, and surgery. The progress note dated 01/28/2014 reported the injured worker was hoping for a motorized wheelchair so she could return to work. The physical examination showed ulnar deviation was to 30 degrees and radial deviation was to 0 degrees. The provider reported pronation and supination was significantly limited at 50%, and her grip was 22 kg on the right and 10 on the left. There was tenderness noted along the radioulnar joint and grade IV strength to resisted function was noted. The Request for Authorization was not submitted within the medical records. The request is for Flector patch 1.3%, quantity 30, and Lidoderm patches 5%, quantity 30; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flector patch 1.3%, quantity 30, is not medically necessary. The Flector patch is Diclofenac Epolamine patch. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state efficacy and clinical trials for topical NSAIDs have been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The guidelines' indications for topical NSAIDs are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of the osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain. The guidelines state Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist.) It has not been evaluated for treatment of the spine, hip, or shoulder. There is a lack of documentation regarding an indication of osteoarthritis or tendonitis to the knee, elbow, or joints that are amenable to topical treatment to warrant a Flector patch and the guideline stated any compounded product that contains at least one drug that is not recommended is not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Lidoderm patches 5% quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Lidoderm patches 5%, quantity 30, is not medically necessary. The injured worker has tenderness along the radioulnar joint. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state Lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm)

has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend Lidoderm patches for non-neuropathic pain. There is only 1 trial that tested 4% Lidocaine for treatment of chronic muscle pain, and the results showed there was no superiority over placebo. There is a lack of documentation regarding neuropathic pain to warrant a Lidoderm patch. Additionally, the request failed to provide the frequency and body region at which this medication is to be utilized. Therefore, the request is not medically necessary.