

Case Number:	CM14-0036342		
Date Assigned:	06/25/2014	Date of Injury:	10/23/2003
Decision Date:	09/10/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; and various topical agents. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for topical Flector and topical Lidoderm patches. The claims administrator did cite non-MTUS ODG Guidelines on Flector, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2014, the applicant reported 5-8/10 low back pain. The applicant's medication list included Norco, Motrin, Flexeril, Norvasc, and Lidoderm. The attending provider herself wrote that the applicant had not tried Neurontin, Lyrica, Pamelor, or Robaxin. The applicant was apparently using a cane to move about. Lidoderm, Norco, and Flector were refilled. The applicant was not working and was apparently considering an epidural steroid injection, it was further noted. It appeared that the primary operating diagnosis was chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. As the attending provider has herself acknowledged, the applicant has not, in fact, previously tried numerous antidepressant and/or anticonvulsant adjuvant medications, such as Neurontin, Pamelor, and/or Lyrica. Therefore, the Lidoderm patches are not medically necessary.

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of Diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, topical Diclofenac/Voltaren has not been evaluated in the treatment of the spine, hip, and/or shoulder. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which Diclofenac/Voltaren/Flector has not been evaluated. It is further noted that the applicant's concurrent usage of numerous first-line oral pharmaceuticals, including Norco, effectively obviates the need for the topical agent. Therefore, the request is not medically necessary.