MAXIMUS Federal Services

Case Number:	CM14-0046230		
Date Assigned:	07/02/2014	Date of Injury:	12/01/2009
Decision Date:	08/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, and is licensed to practice in California and Washington. 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 52-year-old female with a reported date of injury on 12/01/2009. The mechanism of injury was reported as overuse, repetitive motion. The injured worker presented with right elbow pain. Upon physical examination the injured worker's right elbow presented with compression signs over the right radial nerve at the lateral elbow and lateral arm. The injured worker presented with limited range of motion and motor strength was rated at 5/5. The MRI of the right elbow dated 11/15/2013 revealed common extensor tendinosis and interstitial partial tearing and small joint effusion. The injured worker rated her pain at 8-9/10 without medications and 1/10 with medications. The injured worker's diagnoses included right lateral and medial epicondylitis, right de Quervain's syndrome, right median and ulnar neuropathy, and right upper extremity myofasciitis. The request for authorization for Flector 1.3% patch bid #60x6 refills and Lidoderm 5% patch 12 hrs on /12 hrs off apply 1-3 #90 x6 refills was submitted on 04/14/2014.The physician indicated that Flector and Lidoderm patches were helpful in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch bid # 60 X 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroid antinflammatory agents (NSAIDs) Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patches contain 1.3% diclofenac. Voltaren gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity, and 16 g per joint, per day in the lower extremity). According to the documentation provided for review, the injured worker has a prescription for Voltaren 1% gel that has been authorized. The guidelines recommend Voltaren gel 1%, the Flector patches contain 1.3% of diclofenac. In addition, the request as submitted failed to provide frequency and specific site at which the Flector patch was to be utilized. Therefore, the request for Flector 1.3% patch twice a day #60 x 6 refills is not medically necessary.

Lidoderm 5% patch 12hrs on/12 hrs off apply 1-3 #90 X 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication: Neuropathic pain Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56 & 57.

Decision rationale: The California MTUS Guidelines indicate that Lidoderm is a brand name for lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The documentation provided for review does not indicate the injured worker has postherpetic neuralgia. In addition, the request as submitted failed to provide specific site at which the Lidoderm patch was to be utilized. Therefore, the request for Lidoderm 5% patch 12 hours on/12hours off apply one to three #90 x 6 refills is not medically necessary.