

Case Number:	CM14-0073887		
Date Assigned:	07/16/2014	Date of Injury:	09/26/2008
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 62-year-old gentleman who was reportedly injured on September 26, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 6, 2014, indicates that there are ongoing complaints of cervical spine pain and low back pain. The physical examination demonstrated tenderness along the cervical and lumbar spine with spasms. There was a positive straight leg raise test and decreased range of motion. Diagnostic imaging studies of the cervical spine do not show any implant failure. Previous treatment includes C4 through C7 cervical spine reconstruction a request had been made for Flurbiprofen/capsaicin patches and Lidocaine/hyaluronic patches and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluribiprofen/Capsaic Patches #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, this request for Flurbiprofen/Capsaicin patches is not medically necessary.

Lidocaine/Hyaluronic Patches #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee does not have any complaints nor is there any physical examination findings of a neuropathy. Additionally, there is no indication for topical usage of hyaluronic acid. For these reasons, this request for Lidocaine/Hyaluronic Acid patches is not medically necessary.