

Case Number:	CM14-0188070		
Date Assigned:	11/18/2014	Date of Injury:	12/22/2010
Decision Date:	01/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 male who reported an injury on 12/22/2010. The mechanism of injury was not documented within the clinical notes. The diagnoses included chronic pain syndrome. The past treatments were not documented within the clinical notes. There were no official diagnostic imaging studies submitted for review. The surgical history was not documented within the clinical notes. The subjective complaints on 09/06/2014 include 50% pain relief from the latest nerve block. The objective physical exam findings noted slight weakness to the bilateral lower extremities. It should be noted that the clinical note dated 09/06/2014 was handwritten and very difficult to decipher. The injured worker's medications were not documented within the clinical notes. The treatment plan was for Lidoderm patches and Pennsaid medication. A request was received for Lidoderm patches #90 and Pennsaid 2 bottles. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #90: 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 Lidoderm patch #90 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical compounds are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of documentation in the clinical notes that the injured worker has tried and failed first line therapies such as antidepressants and anticonvulsants. Given the above, the request is not supported by the evidence based guidelines. As such, the request for Lidoderm Patch #90 is not medically necessary.

Pennasaid 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Topical Analgesics.

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

Decision rationale: The request for Pennasaid 2 bottles is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical compounds are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of documentation in the clinical notes that the injured worker has tried and failed first line therapies such as antidepressants and anticonvulsants. In the absence of first line therapy the request is not supported by the evidence based guidelines. As such, the request for Pennasaid is not medically necessary.