

Case Number:	CM14-0189849		
Date Assigned:	11/21/2014	Date of Injury:	03/15/2013
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 35 year old male with an injury date on 3/15/13. Patient complains of improved but persistent cervical pain, with radiating down his arm (unspecified), headache, wrist pain (unspecified), weakness in his bilateral legs, and confusion, with total pain rated 5/10 per 10/2/14 report. The pain has remained unchanged, and the patient also has depressive symptoms including difficulty sleeping, fatigue, and appetite changes per 9/19/14 report. The patient stated that the onset of chronic headaches came shortly after initial injury, and that he has been laid off from 3 months after initial injury per 8/29/14 report. Based on the 10/2/14 progress report provided by the treating physician, the diagnoses are: 1. s/p head contusion 2. tension headaches 3. cervical strain 4. spasm of muscle A physical exam on 10/2/14 showed "C-spine has decreased range of motion with extension at 25 degrees. L-spine has full range of motion." The patient's treatment history includes kidney stone surgery from 2009, MRI cervical, MRI brain, CT of head, X-ray cervical, medication (Theramine, Prilosec, Ketoprofen cream), TENS unit, 6 chiropractic sessions authorized. The treating physician is requesting lenza patch #30 with 3 refills, and ketoprofen rub cream 3 #2 with 3 refills. The utilization review determination being challenged is dated 11/6/14 but the denial does not include a quoted guideline, neither is there a rationale provided to explain the denial. The requesting physician provided treatment reports form 3/30/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) ;Topical Analgesics. Page(s): 56-57; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm

Decision rationale: This patient presents with neck pain, arm/wrist pain, headache, and weakness in bilateral legs. The treater has asked for lenza patch #30 with 3 refills on 10/2/14. The Lenza patch is a combination of menthol and lidocaine. Review of the reports shows that the patient has no history of using lenza patches. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient presents with neck pain and the arm/wrist, but there is no documented localized, peripheral neuropathic pain. The patient has diffuse radiating symptoms extending into the upper extremity. Given the lack of indication for topical lidocaine, the request is not medically necessary.

Ketoprofen rub cream 3 #2 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with neck pain, arm/wrist pain, headache, and weakness in bilateral legs. The treater has asked for ketoprofen rub cream 3 #2 with 3 refills on 10/2/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient does present with peripheral joint arthritis/tendinitis, and topical NSAID would be indicated for this type of condition. However, MTUS specifically states that Ketoprofen is not currently FDA approved for a topical application. Given the lack of support from MTUS, the request is not medically necessary.