MAXIMUS Federal Services

Case Number:	CM14-0201804		
Date Assigned:	12/12/2014	Date of Injury:	02/12/1996
Decision Date:	02/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, has a subspecialty in Occupational Medicine/Pain Medicine and Manipulation 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 67 year old retired male who sustained an industrial injury on February 21, 1996. He is diagnosed with chronic right knee pain, status post right knee replacement 14 years ago, chronic low back pain, lumbar discogenic pain, lumbar radiculitis, chronic pain syndrome and myalgia. The patient's medications consist of Norco, gabapentin, with Lidoderm and Flector patches. According to the progress note of September 1, 2014, the patient walks with a cane and a limp due to right knee pain. The physical exam noted pain over the right knee with crepitus and pain to the sacral lumbar region. The physician felt the pain was nociceptive pain and neuropathic pain. Pain was moderate to severe in intensity. The documentation submitted for review did not include any recent x-rays, x-ray reports, MRI or CT results, physical therapy progress notes, home exercise updates or resent functional status notes. On November 13, 2014, Utilization Review denied authorization of Lidoderm patch 5 to apply one to two patches, 12 hours on & 12 hours off, #60 with 3 refills due to the MTUS guidelines for topical analgesics. It was noted that the injured worker continued with moderate to severe pain with no medications changes noted in the progress notes sent. Flector patches were also non-certified referencing the MTUS guidelines for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5 to apply one to two patches, 12 hours on & 12 hours off, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56; 110-112.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic As noted in the MTUS Chronic Pain Medical Treatment Guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. There is no indication that the patient has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The request for Lidoderm patch 5 to apply one to two patches, 12 hours on & 12 hours off, #60 with 3 refills is not medically necessary.

Flector patch to apply one patch to right knee or lumbar spine. every 12 hours as needed, #60, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector Patch; Topical analgesics Page(s): 47, 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector Patch and Diclofenac

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. As noted in ODG, Flector patch is FDA indicated for acute strains, sprains, and contusions. In this case, the patient is far into the chronic phase of injury and Flector Patches are indicated for acute injuries. Furthermore, diclofenac containing agents such as Flector patches are not recommended as a first line treatment due to increased risk profile. As noted in a recent study, "Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. (McGettigan, 2013)". Given these factors, the request for Flector patch to apply one patch to right knee or lumbar spine every 12 hours as needed, #60, with 3 refills is not medically necessary.