

Case Number:	CM14-0206403		
Date Assigned:	12/18/2014	Date of Injury:	09/16/2009
Decision Date:	02/11/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a male patient with a date of injury of September 16, 2009. A utilization review determination dated December 8, 2014 recommends non-certification of Capsaicin 0.075% cream, Diclofenac Sodium 1.5% 60gm, and Lidoderm 5% patch #30. A progress note dated December 1, 2014 identifies subjective complaints of right leg pain and right upper extremity weakness. The patient reports slightly higher pain because of the colder weather. He continues to complain of right leg numbness and weakness as well as right upper extremity weakness. The patient states that his pain is exacerbated by extended periods of activity and is better with rest and medication. The physical examination reveals normal muscle tone without atrophy in bilateral upper and lower extremities, muscle strength is 5/5 in bilateral upper and lower extremities, and the patient has an antalgic gait. The diagnoses include shoulder joint pain and lower leg joint pain. The treatment plan recommends prescriptions for Capsaicin 0.075% cream, Diclofenac Sodium 1.5% 60gm, Lidoderm 5% patch #30, and Butrans 5 g/hr patch #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Regarding request for capsaicin 0.075% cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested capsaicin 0.075% cream is not medically necessary.

Diclofenac Sodium 1.5% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Regarding the request for Diclofenac sodium 1.5% 60gm, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Diclofenac. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Diclofenac is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac sodium 1.5% 60gm is not medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: Regarding request for Lidoderm (lidocaine) 5% patch #30, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral

pain as recommended by guidelines. As such, the currently requested Lidoderm (lidocaine) 5% patch #30 is not medically necessary.