

Case Number:	CM14-0207276		
Date Assigned:	12/19/2014	Date of Injury:	10/09/2009
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 57 year old female with an injury date on 10/09/2009. Based on the 06/01/2014 "request for authorization report" provided by the treating physician. The treating physician requested for multiple medications including Lidocaine/Hyaluronic Patches and Flurbiprofen/Capsaicin Patches. The subjective and objective findings were not included in this report for review. The 05/15/2014 illegible hand written report indicates the patient has "constant C/S rad. Rt and Rt elbow." Objective finding reveals "tenderness at C/S and traps and Rt. Elbow, lateral epicondyle, positive Spurling test, and positive Cozen test." The patient's diagnoses are: 1. Pain, elbow 2. Cervicalgia. There were no other significant findings noted on this report. The utilization review denied the request Lidocaine/Hyaluronic Patches and Flurbiprofen/ Capsaicin Patches on 11/25/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/24/2014 to 06/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/hyaluronic patches 6 percent + .2 percent #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 Topical Cream Page(s): 56-57 and 112.

Decision rationale: According to the 06/01/2014 report, this patient presents with constant neck and right elbow pain. The current request is for lidocaine/hyaluronic patches 6 percent + .2 percent #120. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the provided reports show the patient has cervical neuropathic pain which is not a localized condition as well as right elbow pain that is peripheral and localized but not neuropathic. Lidoderm is not indicated for axial spinal pains. Furthermore, the treating physician does not discuss how this patch is used and with what effect or that the patient has failed a trial of antidepressants and anti-convulsants. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Flurbiprofen/capsaicin patches 10 percent + .025 percent #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 Topical Cream Page(s): 111-113.

Decision rationale: According to the 06/01/2014 report, this patient presents with constant neck and right elbow pain. The current request is for Flurbiprofen/capsaicin patches 10 percent + .025 percent #120. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. The treating physician does not indicate that the patient has osteoarthritis and tendinitis of the right elbow. This patient presents with cervical pain for which topical NSAID is not indicated. Therefore, this request is not medically necessary.