

Case Number:	CM14-0207283		
Date Assigned:	12/19/2014	Date of Injury:	03/01/2001
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
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 Rehab, 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 52 year old female with an injury date of 03/01/01. Based on the 11/10/14 progress report provided by treating physician, the patient complains of increased pain in her right and left elbow and left foot, while all other pain is unchanged. Patient reports pain of 8/10 in the right arm and elbow, 7/10 in the left hip and leg, and 4/10 in the right leg. Patient is status post right carpal tunnel release 2002 and right elbow tendon repair twice 2002. Physical examination to the upper extremities revealed tenderness to palpation and swelling to right elbow and wrist with well healed scar. Physical examination to the lumbar revealed tenderness to palpation over the left lumbar facets and spasm. Straight leg raise is positive on the left. Patient has undergone acupuncture, chiropractic, massage therapy, physical therapy, heat treatment, ice treatment, ESI injection, facet joint injection, trigger point injection, TENS and IDET/nucleoplasty. Patient's current medication include Xanax, Provigil, Roxicodone, Flector and Lidoderm which gives patient 50-60% pain relief. Patient is allergic to Tetracyclines, Hydrocodone Bitartrate and Acetaminophen. Patient is able to dress, drive, bathe, lift, push, pull, do household chores and cook. MRI of the lumbar spine on 09/21/14 shows L5-S1 disc degeneration with some degree of disc height narrowing and disc desiccation that is stable, nominal central and left-sided annulus bulge, mild bilateral facet arthrosis, and a small cyst on the lateral border of the superior articular process of S1 on the right. Patient is currently working full time. Diagnosis (11/10/14)- Lumb/lumbosac Disc Degen- Pain in Limb- Lumbosacral Neuritis Nos- Adhesive Capsulit Shlder right The utilization review determination being challenged is dated 11/14/14. The rationale follows: 1) FLECTOR PATCHES 1.3% #60: "There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis." 2) LIDOCAINE PAD 5%: There is no documentation of failed first-line therapy." Treatment reports were provided from 03/05/13 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; medication for chronic pain Page(s): 111-113; 60.

Decision rationale: The patient presents with increased pain in her right and left elbow and left foot, while all other pain is unchanged. Patient reports pain of 8/10 in the right arm and elbow, 7/10 in the left hip and leg, and 4/10 in the right leg. The request is for Flector Patches 1.3% #60. Patient's current medication include Xanax, Provigil, Roxicodone, Flector and Lidoderm which gives patient 50-60% pain relief. Patient is allergic to Tetracyclines, Hydrocodone Bitartrate and Acetaminophen. Patient is able to dress, drive, bathe, lift, push, pull, do household chores and cook. The patient is currently working full time. MTUS regarding topical NSAIDs states that it is indicated for peripheral joint arthritis/tendinitis. Review of the reports show that the patient does present with elbow and foot pain problems for which topical NSAIDs may be indicated. The provider also provides general statements regarding medication efficacy. However, there is no specific reporting of how this topical patch is being used, how often and with what efficacy. MTUS require recording of pain and function when medications are used for chronic pain (page 60). Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. The request is not medically necessary.

Lidocaine pad 5%: 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 Lidoderm (lidocaine patch); Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm Â® (lidocaine patch)

Decision rationale: The patient presents with increased pain in her right and left elbow and left foot, while all other pain is unchanged. Patient reports pain of 8/10 in the right arm and elbow, 7/10 in the left hip and leg, and 4/10 in the right leg. The request is for Lidocaine Pad 5%. Patient's current medication include Xanax, Provigil, Roxicodone, Flector and Lidoderm which gives patient 50-60% pain relief. Patient is allergic to Tetracyclines, Hydrocodone Bitartrate and Acetaminophen. Patient is currently working full time. 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain

Recommended for localized peripheral pain." When reading Official Disability 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." Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. The provider has not provided reason for the request. Per the provider report dated 11/10/14, patient has failed oral NSAID's, and is prescribed Lidoderm patches for use "as needed." Furthermore, the provider has not documented any evidence of localized pain that is consistent with neuropathic etiology in review of medical records. The request is not in line with MTUS indication. Therefore, the request is not medically necessary.