

Case Number:	CM15-0006784		
Date Assigned:	01/22/2015	Date of Injury:	05/25/2000
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male sustained a work related injury on 05/25/2000. The injured worker was seen in follow up regarding his neck pain and left shoulder pain. Pain level was decreased since the last visit. Pain was rated 6 on a scale of 1-10 with medications and 8 without medications. His quality of sleep was fair. Activity level had increased. He complained of increased neck and left shoulder pain. Medication regimen included Voltaren Gel, Flector Patch, Lyrica, Lidocaine Patch, Naprosyn, Norco, Savella, Dioyan, Glipizide and Metformin Hcl. Diagnoses included post cervical laminectomy syndrome, shoulder pain, and cervical pain. A progress noted dated 05/08/2014 was the oldest note submitted for review and noted the use of Flector 1/3% Patch and Lidocaine 5% patch. On 12/24/2014, Utilization Review non-certified Lidocaine 5% patch #30 with 1 refill and modified Flector 1.3% patch #30 with 1 refill. According to the Utilization Review physician, CA MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine 5% patch is FDA approved for post-herpetic neuralgia. The injured worker does not have any symptoms on exam findings indicative of post-herpetic neuralgia. In regard to Flector 1.3 % patch, guidelines recommend Flector to be used for acute conditions. Records show that the injured worker was in chronic pain. There was also no research or evidence that Flector is recommended for chronic musculoskeletal pain and that the efficacy is not substantiated for more than two weeks. Official Disability Guidelines, Pain (Chronic) were referenced for Flector Patch. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-1.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. He continues to be treated for chronic neck and left shoulder pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

Flector 1.3% patch #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago. He continues to be treated for chronic neck and left shoulder pain. Medications also include Voltaren gel and oral Naprosyn. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naprosyn and topical Voltaren gel is being prescribed. Prescribing more than one non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.