

Case Number:	CM15-0101704		
Date Assigned:	06/04/2015	Date of Injury:	10/13/2006
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 65-year-old female, who sustained an industrial injury on 10/13/06. The documentation noted on 1/5/15 that the injured worker has complaints of pain down her left arm, but her main complaint is the pain in her face that is more description of atypical facial pain than trigeminal neuralgia and constant pain between her eye and her cheek. The documentation noted on 3/9/15 that he injured worker reported that she has felt her best in many years taking lyrica that her facial pain is markedly reduced but not resolved. The documentation noted that the pain is localized only to her tongue and the left side of her mouth and cheek. The documentation noted that there is tenderness over the left cervical paraspinal muscles, upper trapezius and rhomboids and there is decreased light touch in left upper extremity throughout. The diagnoses have included neck pain; left cervical radiculopathy, status post cervical discectomy and fusion; left shoulder adhesive capsulitis; dysphonia and dysphagia. Treatment to date has included magnetic resonance imaging (MRI) of the head on 12/15/14 showed mild white matter signal abnormalities are likely related to small vessel ischemic changes, no evidence of mass; status post C3-4 anterior cervical discectomy and fusion on 6/19/14; previous C4 to C6 anterior cervical discectomy and fusion; lyrica; norco; voltaren gel, lidocaine patch and tramadol. The request was for lidocaine 5% patch quantity 30 with three refills; voltaren 1% gel quantity 100g with three refills and Ear, Nose and Throat consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch quantity 30 with three refills: Upheld

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

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

Decision rationale: The requested Lidocaine 5% patch quantity 30 with three refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has trigeminal neuralgia and constant pain between her eye and her cheek. The documentation noted on 3/9/15 that he injured worker reported that she has felt her best in many years taking Lyrica that her facial pain is markedly reduced but not resolved. The documentation noted that the pain is localized only to her tongue and the left side of her mouth and cheek. The documentation noted that there is tenderness over the left cervical paraspinal muscles, upper trapezius and rhomboids and there is decreased light touch in left upper extremity throughout. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 5% patch quantity 30 with three refills is not medically necessary.

Voltaren 1% gel quantity 100g with three refills: 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 Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Voltaren 1% gel quantity 100g with three refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has trigeminal neuralgia and constant pain between her eye and her cheek. The documentation noted on 3/9/15 that he injured worker reported that she has felt her best in many years taking Lyrica that her facial pain is markedly reduced but not resolved. The documentation noted that the pain is localized only to her tongue and the left side of her mouth and cheek. The documentation noted that there is tenderness over the left cervical paraspinal muscles, upper trapezius and rhomboids and there is decreased light touch in left upper extremity throughout. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement

from any previous use. The criteria noted above not having been met, Voltaren 1% gel quantity 100g with three refills is not medically necessary.

Ear, Nose and Throat consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Ear, Nose and Throat consultation, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has trigeminal neuralgia and constant pain between her eye and her cheek. The documentation noted on 3/9/15 that the injured worker reported that she has felt her best in many years taking Lyrica that her facial pain is markedly reduced but not resolved. The documentation noted that the pain is localized only to her tongue and the left side of her mouth and cheek. The documentation noted that there is tenderness over the left cervical paraspinal muscles, upper trapezius and rhomboids and there is decreased light touch in left upper extremity throughout. Due to the persistent symptomatology, the treating physician has not documented the medical necessity for this consultation. The criteria noted above having been met, Ear, Nose and Throat consultation is medically necessary.