

Case Number:	CM15-0102197		
Date Assigned:	06/05/2015	Date of Injury:	07/23/2005
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: 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:

The injured worker is a 73 year old female, who sustained an industrial injury on 07/23/2005. According to a progress report dated 04/23/2015, the injured worker was seen in regards to low back, shoulder and knee pain. She continued to experience low back pain and bilateral knee pain. Norco continued to help with mobility. She had to adjust her pills in order to not run out. She requested an additional prescription for Ibuprofen. Approval for Flector or Lidoderm was still pending. Diagnoses included chronic low back pain and degenerative disease of the knee. Prescriptions were given for Norco and Ibuprofen. The injured worker was counseled on risk of Ibuprofen adverse effects. Recommendations included authorization request for Zohydro, a long-acting hydrocodone to avoid risk of acetaminophen adverse effects and a follow up on requests for Flector and Lidoderm. The injured worker was to return to the clinic in 4 weeks for medication re-evaluation. Currently under review is the request for Lidocaine patches and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-112, 89, 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for lidocaine patches, CA MTUS states that topical lidocaine is 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). Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain with failure of first-line therapy. Given all of the above, the requested lidocaine patches are not medically necessary.

Flector patches #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-112, 89, 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flector patches, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Within the documentation available for review, there is no clear rationale for the use of topical medications for this patient given that topical NSAIDs are supported only for short-term use and the patient has apparently been utilizing oral NSAIDs and pain medication without side effects. Given all of the above, the requested Flector patches are not medically necessary.