

Case Number:	CM15-0107414		
Date Assigned:	07/21/2015	Date of Injury:	03/01/1989
Decision Date:	08/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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: Preventive Medicine, Occupational 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:

This 66-year-old female sustained an industrial injury to the low back on 3/1/89. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 1/15/15, the injured worker reported that she had a recent hospitalization due to a pulmonary embolism and ongoing issues with lung infections. The injured worker also reported that her original pain was worsening. In a progress note dated 4/9/15, the injured worker reported that she was doing terrible. The injured worker had been unable to get her medications. The physician noted that the injured worker was not a candidate for spinal cord stimulator due to being on long term anticoagulant medication. Physical exam was remarkable for lungs with wheezes and crackles bilaterally and heart with regular rate and rhythm. Documentation did not disclose an assessment of the lumbar spine. The injured worker walked with an antalgic gait. Current diagnoses included back and leg pain. The treatment plan included refilling medications (Remeron, Voltaren gel, Methadone, Morphine Sulfate IR, Lidoderm patch, Lyrica and Celebrex).

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lidoderm 5% patches #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for one prescription of Lidoderm 5% patches #90 with 3 refills is determined to not be medically necessary.

One prescription of Voltaren Gel 1% #3 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the injured worker is being treated for post-laminectomy syndrome. This medication has not been approved for use with the spine; therefore, the request for one prescription of Voltaren Gel 1% #3 tubes is determined to not be medically necessary.