

Case Number:	CM15-0161313		
Date Assigned:	08/27/2015	Date of Injury:	10/02/2005
Decision Date:	10/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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:

The applicant is a represented 55-year-old who has filed a claim for chronic low back, knee, hand, wrist, and thumb pain reportedly associated with an industrial injury of October 2, 2005. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve requests for Lidoderm patches, Flector patches, and oral Percocet. A July 9, 2015 date of service and an associated RFA form of July 16, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said July 9, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of depression. The applicant had completed a functional restoration program, it was acknowledged. The applicant's medical list included Percocet, Voltaren gel, Valium, Lidoderm patches, Flector, Ativan, ThermaCare heat wraps, Flonase, Phenergan, and Zyrtec, it was reported. Lidoderm, Flector, and Percocet were renewed, without much seeming discussion of medication efficacy. The attending provider stated in one section of the note that the applicant used her medications appropriately, while another sections of the note stated that the applicant was unable to maintain a home exercise program owing to increased pain and dysfunction while performing the same. Cervical MRI imaging was endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question on the July 9, 2015 progress note at issue. Therefore, the request was not medically necessary.

Flector 1.3% patches #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (Diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Similarly, the request for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical Diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren/Flector has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the cervical and lumbar spine, i.e., body parts for which topical Diclofenac/Voltaren/Flector has not been evaluated. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider's July 9, 2015 progress note did not, however, clearly state why the applicant was using two separate topical Diclofenac derivatives, namely Flector patches and Voltaren gel. Therefore, the request was not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen Page(s): 76-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on July 9, 2015, suggesting that the applicant was not, in fact, working. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. The attending provider's commentary to the effect that the applicant was having difficulty maintaining home exercise program owing to heightened complaints while doing so, coupled with the attending provider's failure to clearly report the applicant's work status, taken together, argued against the effectiveness of ongoing Percocet usage. Therefore, the request was not medically necessary.