

Case Number:	CM15-0162917		
Date Assigned:	08/31/2015	Date of Injury:	12/07/2012
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33-year-old male who sustained an industrial injury on December 07, 2012. A follow up visit dated July 06, 2015 reported subjective complaint of continued neck, upper back, mid-back, bilateral shoulders, right greater, pain. The following diagnoses were applied: cervicalgia, rotator cuff capsule sprain, and bicipital tenosynovitis. There is mention of a cervical epidural injection with denial. The plan of care is with recommendation for chiropractic physiotherapy; continue with medications and follow up visit. Current medication regimen consisted of: Methoderm, Avalin patches. Previous treatment to include: activity modification, medications, physical therapy, chiropractic care, transcutaneous nerve stimulator unit, topical medication, acupuncture. An integrated pain follow up dated January 23, 2015 reported the worker requesting pain patches as they offered some good relief of symptom. A pain management follow up dated December 2014 reported the worker utilizing Terocin patches along with Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Avalin patches 4% #15 for DOS 7/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Avalin contains Lidocaine in its patches. 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). Lidocaine is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. The claimant was also on other topical analgesics. Long-term use of topical analgesics such as Avalin patches is not recommended. The request for continued and long-term use of Avalin patches on 7/6/15 as above is not medically necessary.