

Case Number:	CM15-0164091		
Date Assigned:	09/01/2015	Date of Injury:	02/15/2008
Decision Date:	10/22/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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

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 48 year old female, who sustained an industrial injury on 02-15-2008. The injured worker is currently not working and retired. Current diagnoses include discogenic lumbar condition with MRI obtained in 2012 showing bulging at L4-L5 with facet fluid buildup at L3-L4, nerve study showed L5 radiculopathy, internal derangement of right knee status post meniscectomy, right sided plantar fasciitis, and chronic pain syndrome. Treatment and diagnostics to date has included injections, right knee surgery, and medications. Current medications include Voltaren gel, Lidoderm patch, Trazodone, Gabapentin, Percocet, and AcipHex. In a progress note dated 07-24-2015, the injured worker presented for a follow up on his low back, right knee, and right ankle. The physician noted that the injured worker is approved for a right total knee joint replacement and awaiting a date for surgery. Objective findings included tenderness along the lumbar paraspinal muscles, pain across the right knee and ankle, and walks with use of a cane. The treating physician reported requesting authorization for Voltaren gel, Lidoderm patches, and AcipHex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1.3% 100gx3 tubes: 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: The patient presents with pain in the low back, right knee and right ankle. The request is for Voltaren Gel 1.3% 100gm x 3 tubes. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 04/01/15 revealed tenderness to palpation to the paraspinal muscles overlaying the bilateral L4-L5 and L5-S1 facet joints, and over the bilateral sacroiliac joint sulcus. Range of motion was restricted with pain in all planes. Per 07/24/15 progress report, patient's diagnosis include discogenic lumbar condition with MRI obtained in 2012 showing bulging at L4-L5 with facet fluid buildup at L3-L4; nerve study done in the office showed L5 radiculopathy, chronic left greater than right and done in my office was unremarkable, the patient has had in the past epidural injection with 90% relief for two weeks, a total of three epidural injections are being provided over time, she is status post SI injection with relief and is waiting radiofrequency ablation to the SI joint; internal derangement of the knee on the right status post meniscectomy with most recent MRI obtained in November 2014 showing moderate medial joint line wear and arthrosis on the right knee, edge tear of the lateral meniscus, moderate patellar chondrosis, and ACL laxity, she is status post three Hyalgen injections, but she did not have multiple cortisone injection in the past; plantar fasciitis on the right responding to lidocaine injection as well as Achilles tendinitis; chronic pain syndrome with weight gain, sleep, depression, and stress. Patient's medications, per 05/01/15 progress report include Percocet, Naproxen, Protonix, Trazodone, and Neurontin. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In progress report dated 07/24/15, the treater is prescribing Voltaren Gel 1.3% to be applied three times daily as needed. Review of the medical records provided did not indicate a prior use and it appears that the treater is initiating this medication. The patient continues with pain in the right knee and right ankle and is diagnosed with moderate medial joint line wear and arthrosis on the right knee and Achilles tendinitis. MTUS guidelines support the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Given the patient's continued joint pain and diagnosis, the request would be indicated. However, the guidelines recommend short-term use of topical NSAIDs, due to diminishing effects lasting less than 4 weeks, and the requested 3 tubes exceeds guideline recommendations. Therefore, the request is not medically necessary.

Lidoderm Patch 5% #60: 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: The patient presents with pain in the low back, right knee and right ankle. The request is for Lidoderm Patch 5% #60. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 04/01/15 revealed tenderness to palpation to the paraspinal muscles overlaying the bilateral L4-L5 and L5-S1 facet joints, and over the bilateral sacroiliac joint sulcus. Range of motion was restricted with pain in all planes. Per 07/24/15 progress report, patient's diagnosis include discogenic lumbar condition with MRI obtained in 2012 showing bulging at L4-L5 with facet fluid buildup at L3-L4; nerve study done in the office showed L5 radiculopathy, chronic left greater than right and done in my office was unremarkable, the patient has had in the past epidural injection with 90% relief for two weeks, a total of three epidural injections are being provided over time, she is status post SI injection with relief and is waiting radiofrequency ablation to the SI joint; internal derangement of the knee on the right status post meniscectomy with most recent MRI obtained in November 2014 showing moderate medial joint line wear and arthrosis on the right knee, edge tear of the lateral meniscus, moderate patellar chondrosis, and ACL laxity, she is status post three Hyalgen injections, but she did not have multiple cortisone injection in the past; plantar fasciitis on the right responding to lidocaine injection as well as Achilles tendinitis; chronic pain syndrome with weight gain, sleep, depression, and stress. Patient's medications, per 05/01/15 progress report include Percocet, Naproxen, Protonix, Trazodone, and Neurontin. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain... MTUS Topical Analgesics section, page 111 also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." In progress report dated 07/24/15, the treater is prescribing Lidoderm Patch 5%, 12 hours on and 12 hours off. The patient continues with lower back pain and pain in the right knee and the right ankle. While topical NSAIDS are considered appropriate for peripheral complaints, the provider does not specify where these patches are to be applied. Such patches are only supported for a localized peripheral neuropathic pain, without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.

AcipHex 20mg #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with pain in the low back, right knee and right ankle. The request is for Aciphex 20mg #30. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 04/01/15 revealed tenderness to palpation to the paraspinal muscles overlaying the bilateral L4-L5 and L5-S1 facet joints, and over the bilateral sacroiliac joint sulcus. Range of motion was restricted with pain in all planes. Per 07/24/15 progress report, patient's diagnosis include discogenic lumbar condition with MRI obtained in 2012 showing bulging at L4-L5 with facet fluid buildup at L3-L4; nerve study done in the office showed L5 radiculopathy, chronic left greater than right and done in my office was unremarkable, the patient has had in the past epidural injection with 90% relief for two weeks, a total of three epidural injections are being provided over time, she is status post SI injection with relief and is waiting radiofrequency ablation to the SI joint; internal derangement of the knee on the right status post meniscectomy with most recent MRI obtained in November 2014 showing moderate medial joint line wear and arthrosis on the right knee, edge tear of the lateral meniscus, moderate patellar chondrosis, and ACL laxity, she is status post three Hyalgen injections, but she did not have multiple cortisone injection in the past; plantar fasciitis on the right responding to lidocaine injection as well as Achilles tendinitis; chronic pain syndrome with weight gain, sleep, depression, and stress. Patient's medications, per 05/01/15 progress report include Percocet, Naproxen, Protonix, Trazodone, and Neurontin. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not discuss this request. Review of the medical records provided does not indicate a prior use and it appears that the treater is initiating this medication. In this case, the treater does not document any gastrointestinal upset or irritation and there is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request is not medically necessary.