

Case Number:	CM15-0166382		
Date Assigned:	09/04/2015	Date of Injury:	08/08/2006
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 56-year-old female sustained an industrial injury to bilateral shoulders, elbows and neck on 8-8-06. Recent treatment consisted of injections, medication management and psychiatric care. In a qualified medical reevaluation dated 6-22-15, the physician indicated that the injured worker did not take any oral medications for pain because of gastric sensitivity and pain. The injured worker used Lidoderm patches and Voltaren gel instead. In a follow up evaluation dated 7-15-15, the injured worker complained of pain to the left shoulder, bilateral elbows and bilateral hands, rated 9 out of 10 on the visual analog scale without medications and 6 out of 10 with medications. The injured worker stated that she was able to function better at home with the patches. The injured worker reported being ill recently with a gastric illness. Physical exam was remarkable for right elbow with pain and swelling over the right lateral epicondyle and full range of motion, left shoulder with pain over the left lateral glenohumeral joint, full active range of motion and positive Crank's, Speed's and empty can signs and left hand with tenderness to palpation, palpable clicking and full active range of motion. Current diagnoses included right pronator teres syndrome with median neuritis, status post bilateral rotator cuff syndrome status post repair and right first and third trigger fingers. A previously scheduled injection was postponed due to the injured worker's illness. The treatment plan included continuing medications (Butrans patch, Lidoderm patch and Diclofenac topical cream), follow up with psychology and a hand specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary. Furthermore, the request for 6 refills is not appropriate as it does not allow time for periodic reassessment. This request is not medically necessary.

Diclofenac 3% topical #1 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: 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). It has not been evaluated for treatment of the spine, hip or shoulder." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The request is indicated for the injured worker's elbow and hand pain. However, the medical records indicate that the injured worker has been using this medication since at least 10/2014, and it is only recommended for short-term use. Additionally there is no documentation of failure or contraindication to oral NSAIDs. Furthermore, the request for 6 refills is not appropriate as it does not allow time for periodic reassessment. The request is not medically necessary.

