MAXIMUS Federal Services

Case Number:	CM15-0183591		
Date Assigned:	09/24/2015	Date of Injury:	08/03/2010
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 46 year old male, who sustained an industrial injury on August 3, 2010. The injured worker was currently diagnosed as having chronic low back pain with left L4-5 and L5-S1 radiculopathy, L5-S1 disc herniation, status post L5-S1 endoscopic discectomy and status post lumbar epidural steroid injections. Treatment to date has included diagnostic studies, surgery, injection and medications. On September 10, 2015, the injured worker complained of low back pain. He rated his pain as a 9 on a 1-10 pain scale without medications and a 7 on the pain scale with medications. Notes stated that he was independent with activities of daily living although he had trouble with housekeeping, bending over, kneeling and standing too long. A urine toxicology test was performed on the day of the exam. The treatment plan included a follow up with an orthopedic surgeon for possible back surgery, Norco, Lidoderm patch, Diclofenac gel and follow-up visit. On September 17, 2015, utilization review denied a request for Lidoderm 5% (700mg/patch) quantity 180 and Voltaren 1% 2gm quantity 4. A request for Norco 10-325mg quantity 180 and a follow up office visit quantity of one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispense Lidoderm 5% (700mg/patch) Qty: 180.00: 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 46 year old patient complains of lower back pain, as per progress report dated 09/10/15. The request is for Dispense Lidoderm 5% (700mg/patch) Qty: 180.00. The RFA for this case is dated 09/10/15, and the patient's date of injury is 08/03/10. The patient is status post L5-S1 discectomy on 10/05/11, as per progress report dated 09/10/15. Diagnoses also included chronic low back pain with left L4-5 and L5-S1 radiculopathy, and L5-S1 disc herniation. Medications included Norco, Lidoderm patch, and Voltaren gel. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter "Pain (Chronic)" and topic "Lidoderm (Lidocaine patch), it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 03/31/15. While it is evident that the patient has been using the medication consistently since then, it is not clear when the patch was initiated. As per progress report dated 09/10/15, Lidoderm is part of a medication regimen that helps reduce pain from 9/10 to 5/10. The treater also states that medications help maintain quality of life without any side effects. In progress report dated 05/29/15, the treater states that Lidoderm patch "does help." However, MTUS only supports the use of this patch for localized peripheral neuropathy, and there is no such diagnosis in this case. Hence, the request is not medically necessary.

Dispense Voltaren 1% 2gm Qty: 4.00: 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 46 year old patient complains of lower back pain, as per progress report dated 09/10/15. The request is for Dispense Voltaren 1% 2gm Qty: 4.00. The RFA for this case is dated 09/10/15, and the patient's date of injury is 08/03/10. The patient is status post L5-S1 discectomy on 10/05/11, as per progress report dated 09/10/15. Diagnoses also included chronic low back pain with left L4-5 and L5-S1 radiculopathy, and L5-S1 disc herniation. Medications included Norco, Lidoderm patch, and Voltaren gel. The reports do not document the patient's work status. The MTUS chronic pain guidelines 2009, p111 and Topical Analgesics section states: "Topical Analgesics: Recommended as an option as indicated below.

Non-steroidal anti-inflammatory agents (NSAIDs): 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." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Voltaren gel was first noted in progress report dated 03/31/15. While it is evident that the patient has been using the medication consistently since then, it is not clear when the gel was initiated. As per progress report dated 09/10/15, Voltaren gel is part of a medication regimen that helps reduce pain from 9/10 to 5/10. The treater also states that medications help maintain quality of life without any side effects. However, there is no indication of peripheral joint arthritis for which topical NSAIDs are recommended by MTUS. Hence, the request is not medically necessary.