

Case Number:	CM15-0184208		
Date Assigned:	09/28/2015	Date of Injury:	11/11/2002
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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, North Carolina
 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 49 year old female, who sustained an industrial injury on 11-11-2002. The medical records did not include the details regarding the initial injury or prior treatments to date. Diagnoses include pain in shoulder joint, pain in lower leg joint, and muscle spasm; status post bilateral knee replacement in 2006, 2007, and 2009; and left shoulder surgery in 2011, and depressive disorder and pain disorder associated with psychological factors and medical condition. Currently, she complained of chronic pain in the neck, shoulder and knee. Pain was rated 6 out of 10 VAS at best and 8 out of 10 VAS at worst. Current medications listed included Flexeril, Clonazepam, and Cymbalta. Medication was reported to decreased pain. On 7-23-15, the physical examination documented cervical tenderness with muscle spasm and trigger point, and tenderness over the cervical facet joint. The plan of care included ongoing medication management and prescriptions were written for Norco, Lidoderm Patch, Flexeril, and Flector Patch. The appeal requested authorization for Norco 10-325mg, one tablet twice a day #60; Flector 1.3 patch #60; and Lidoderm 5% patch, #30. The Utilization Review dated 9-16-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flector, one to three patches for twelve hours, one patch every twelve hours #60 DOS: 7/23/2015: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Flector patches contain Diclofenac (Voltaren), an NSAID. NSAIDs are indicated for the treatment of osteoarthritis. Flector patches have not been evaluated for treatment of pain of the spine, hips and shoulders. In this case, the claimant complains of chronic cervical spine and shoulder pain as the primary pain generators. Therefore, the request for Flector patches is not recommended and is not medically necessary.

Retrospective Lidoderm %5, one patch twelve hours on twelve hours off #3 DOS: 7/23/2015: 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: CA MTUS Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical Lidocaine may be considered in cases of localized peripheral pain after there has been a trial and failure of first-line therapy (antidepressants, anticonvulsants). Topical lidocaine has been used for post-herpetic neuralgia and off-label for painful diabetic neuropathy, neither of which this patient has. There is no evidence of trial and failure of first-line agents in this case. Therefore, the request for Lidoderm patches is not medically necessary.