

Case Number:	CM15-0190173		
Date Assigned:	10/02/2015	Date of Injury:	03/30/2010
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: New Jersey

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 67 year old, male who sustained a work related injury on 3-30-10. A review of the medical records shows he is being treated for chronic neck and low back pain. Current medications include Lidoderm patches, Voltaren gel and Baclofen. He has been taking Baclofen since at least 4-2015 without documentation of how this medication is helping his spasms. In the progress notes, the injured worker reports "his symptoms remain stable and unchanged from his last visit." On physical exam dated 9-4-15, there is no low back physical exam. The provider states "these medications provide greater than 50% improvement in symptoms and function." No notation of working status. The treatment plan includes refills of medications. In the Utilization Review dated 9-16-15, the requested treatments of Lidoderm 5% 700mg-patch #30 with 2 refills, Baclofen 10mg. #60 with 2 refills and Voltaren 1% topical gel 100gm-tube #2 with 2 refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 700 mg/ patch Qty 30 with 2 refills: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, and upon review of the documentation made available for review, there was no record of this worker having tried and failed first line therapy for neuropathic pain before considering the Lidocaine. Also, there was no specific report of how effective this medication was, independent of the other medications used, in order to assess whether this might be a potential exception to the Guidelines. Therefore, considering these reasons, this request for lidocaine will be considered medically unnecessary at this time.

Baclofen 10 mg tab Qty 60 with 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of many months of use of baclofen prior to this request for renewal, which based on the refill request was intended to be used chronically moving forward, which is not recommended by the Guidelines or medically necessary, and there was insufficient evidence presented such as independent medication effectiveness to help justify continuation. Therefore, the requested treatment is not medically necessary.

Voltaren 1% topical gel 100 gm/tube, Qty 2 with 2 refills: 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for

osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, topical Voltaren was used for spinal (neck and back) pain, which is not as approved use for this medication. Also, this worker has a relative contraindication for any NSAIDs (hypertension). Also, there was insufficient evidence of independent benefit from this medication to help justify its continuation. Therefore, the request for Voltaren gel will be considered medically unnecessary.