

Case Number:	CM15-0190514		
Date Assigned:	10/02/2015	Date of Injury:	10/05/2004
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
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: Texas, California
 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 October 05, 2004. A recent pain management follow up dated August 24, 2015 reported current chief complaint of "chronic severe low back pain and bilateral leg pain with numbness, and neck and arm pain." She states "the pain has increased and can be severe at times; she is not taking medications currently." She reports "only using medical THC at this time." She is scheduled to start a functional rehabilitation program. Current medications showed: Celebrex, Cymbalta. The current assessment found: lumbalgia secondary to L4-5 spondylolisthesis, grade I, status post coFlex (hardware placement) November 2009, lumbar fusion 2010, and status post hardware removal 2014; lumbar radiculopathy, bilateral secondary to above and discogenic pathology; myofascial pain and spasm; multiple level facet symptoms, posterior element of pain; poor sleep hygiene due to pain; analgesic dependency for pain control; cervicgia with arm pain, right side greater, cervicogenic headache, and depression and anxiety. The following diagnoses were applied to this visit: spasm of muscle; thoracic, lumbosacral neuritis radiculitis, unspecified; lumbago, degenerative lumbar lumbosacral intervertebral disc; post laminectomy syndrome, lumbar and sacroiliitis. The plan of care is with recommendation for: informed consent established for medical management; continue with the following: trial of Flector patches, medical THC, retrial topical compound cream; no Opioid regimen. The following were noted discontinued: Cymbalta, and Celebrex. Prescriptions were written for: Flector patches. A primary treating office visit dated March 30, 2015 reported denial of facet block injections treating the cervical spine. She is with present subjective complaint of "neck pain radiating into the mid scapular region, with numbness in the forearms to the hands and thumbs." She also is

with complaint of "low back pain radiating into the buttocks and right posterior thigh, with numbness in the shins bilaterally." Other medications consisted of: Anaprox DS, Xanax, Zanaflex, Zofran, and Butrans. On August 26, 2015 a request was made for Flector patches #60, and compound topical cream which were noncertified by Utilization Review on September 02, 2015. The physical examination on 6/25/15 revealed normal examination of the cervical spine, antalgic gait, tenderness on palpation over lumbar region, and positive pelvic compression test. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flector patch #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15), Flector® patch.

Decision rationale: Request: Pharmacy purchase of Flector patch #60. Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Intolerance or contraindication to oral medications was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Evidence of trial of anticonvulsants for these symptoms were not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The medical necessity of the request for Pharmacy purchase of Flector patch #60 is not fully established in this patient. The request is not medically necessary.

Pharmacy purchase of TN2 (Lidocaine/ prilocaine) cream #1: 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: Pharmacy purchase of TN2 (Lidocaine/prilocaine) cream #1. The MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical Lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of anticonvulsants for these symptoms was not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The medical necessity of Pharmacy purchase of TN2 (Lidocaine/prilocaine) cream #1 is not fully established in this patient. The request is not medically necessary.