

Case Number:	CM15-0195519		
Date Assigned:	10/09/2015	Date of Injury:	12/24/2013
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Pennsylvania

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 50 year old female, who sustained an industrial injury on 12-24-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for overuse syndrome with sprain-strain to the cervical and lumbar spine, right shoulder sprain-strain, right trigger finger status post trigger release (06-30-2015), rule out lumbar spine radiculopathy, and anxiety and depression. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Prilosec and topical compound cream. After review of progress notes dated 05-28-2015 and 09-14-2015, the injured worker reported neck, low back, right thumb, and right shoulder pain. Objective findings included tenderness to palpation and spasms to the thoracic and lumbar paraspinal muscles. The request for authorization dated 09-14-2015 requested Avalin patches, urine toxicology, follow up with the hand specialist, and return to clinic in 4-6 weeks. The Utilization Review with a decision date of 09-24-2015 denied the request for Avalin analgesic patches trial #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avalin analgesic patches trial #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: Avalin analgesic patches are a compounded topical medication consisting of lidocaine and menthol. Topical lidocaine is "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 MTUS also states, "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." There is no indication from the record that this worker has peripheral neuropathic pain. However, a compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this compounded product is not medically necessary.