MAXIMUS Federal Services

Case Number:	CM15-0207394		
Date Assigned:	10/26/2015	Date of Injury:	06/04/2010
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic neck and arm pain reportedly associated with an industrial injury of June 4, 2010. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for topical lidocaine gel, topical Voltaren gel, and ThermaCare heat patches. The claims administrator referenced a September 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, the applicant reported multifocal complaints of neck pain radiating to the bilateral upper extremities. The applicant had developed occasional gastritis with Naprosyn, it was reported. The applicant was on Voltaren gel, Lidoderm gel, and ThermaCare heat wraps, it was reported. The applicant's primary pain and secondary pain generators were neck and bilateral shoulders, the treating provider reported. Stated diagnoses were those of bilateral SLAP tears, cervical disk injury, right medial and lateral epicondylitis, and bilateral rotator cuff syndrome, and bilateral thoracic outlet syndrome. The applicant was also described as having superimposed issues with fibromyalgia, stated in another section of the note. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% gel, topically TID, #1: Upheld

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

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

Decision rationale: No, the request for topical lidocaine gel was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge topical lidocaine is indicated in treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the September 15, 2015 office visit at issue made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and ongoing usage of lidocaine gel in question. Therefore, the request was not medically necessary.

Voltaren 1% gel, topically TID, #1: Upheld

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

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

Decision rationale: Similarly, the request for a topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for the treatment of the spine, hip, and shoulder. Here, however, the applicant's pain primary, secondary, and tertiary pain generators were the cervical spine, right shoulder, left shoulder, i.e., body parts for which topical Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

ThermaCare patches, topically BID, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Finally, the request for ThermaCare heat patches was medically necessary, medically appropriate, or indicated here. The ThermaCare heat patches in question represent a simple, low-tech, non-prescription means of delivering heat therapy. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174, at home local applications of heat and cold are recommended in methods of symptom control for applicants with neck pain complaints,

as were/are present here. In a similar vein, the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 also notes that at-home local applications of heat are recommended as methods of symptom control in applicants with shoulder pain complaints, as were/are present here. Provision of the ThermaCare heat patches in question was, thus, indicated, given its low cost, lack of significant side effects, and non-prescription nature. Therefore, the request was medically necessary.