

Case Number:	CM15-0208265		
Date Assigned:	10/27/2015	Date of Injury:	04/13/2007
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 78 year old male, who sustained an industrial injury on 4-13-2007. The injured worker was being treated for medial femoral grade 3 chondromalacia, grade 4 chondromalacia of the patellofemoral surfaces, and medial meniscus tear per MRI of 2013. The injured worker (8-11-2015) reported knee pain with clicking, popping, and knee giving out. He reported difficulty going up and down stairs. The injured worker reported that he would like topical patches and lotions. The injured worker (9-17-2015) reported ongoing knee pain with difficulty going up and down stairs. The treating physician noted the injured worker has access to bracing. The physical exam (8-11-2015) revealed medial greater than lateral joint line tenderness, full extension, and flexion at 125 degrees with discomfort. The physical exam (9-17-2015) revealed medial and lateral right knee tenderness, extension at 170 degrees, and flexion at 120 degrees. The medical records (8-11-2015 and 9-9-2015) did not include documentation of the subjective pain ratings. Per the treating physician (9-17-2015 report), x-rays of the knee showed chronic severe degenerative osteoarthritic changes. Surgeries to date have included right knee surgery in 2007. Treatment has included physical therapy, a home exercise program, a knee brace, a knee steroid injection, and medications including oral pain, topical pain (Lidopro lotion and Terocin patches since 8-2015), muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-17-2015 report), the injured worker is retired. The requested treatments included Voltaren gel 1% and Lidoderm patch 5%. On 9-25-2015, the original utilization review non-certified requests for Voltaren gel 1% and Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 100g (script date 9/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of chondromalacia and meniscal injury of the knee. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.

Lidoderm patch 5%, #60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. This medication is recommended for localized peripheral pain. The patient does have peripheral pain however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.