

Case Number:	CM15-0022639		
Date Assigned:	02/12/2015	Date of Injury:	12/21/2011
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 61 year old male who sustained an industrial related injury on 11/30/11. The injured worker had complaints of left hip pain. Physical examination findings included no internal or external rotation or extension of the left hip. The diagnosis was degenerative joint disease of the left hip. Medication included Lidoderm patches, Ibuprofen, and Flector patches. The treating physician requested authorization for Lidoderm Patch 5% #100 with 1 refill and retrospective Flector patches 1.3% 2 boxes. On 1/26/15, the requests were non-certified. Regarding Lidoderm patches, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and Official Disability Guidelines (ODG). The UR physician noted this medication is not supported for use for degenerative joint disease. Regarding Flector patches, the UR physician cited the OGD and noted the injured worker was taking an oral anti-inflammatory and there was no rationale for why the injured worker would require both a topical and oral anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #100 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Lidoderm patches. (www.odg-twc.com/odgtwc/pain.htm#treatmentprotocols)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidoderm Patch 5% #100 x 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has left hip pain. Physical examination findings included no internal or external rotation or extension of the left hip. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm Patch 5% #100 x 1 refill is not medically necessary.

Flector Patch 1.3% 2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Diclofenac/Voltraren). Decision based on Non-MTUS Citation Official Disability Guidelines: Flector Patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Flector Patch 1.3% 2 boxes, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has left hip pain. Physical examination findings included no internal or external rotation or extension of the left hip. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector Patch 1.3% 2 boxes is not medically necessary.