

Case Number:	CM15-0213645		
Date Assigned:	11/03/2015	Date of Injury:	04/23/2015
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/30/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male, who sustained an industrial injury on April 23, 2015. The injured worker was diagnosed as having bilateral knee degenerative arthritis, cervical spine and lumbar spine degenerative arthritis with rule out herniated nucleus pulposus, and cervical spine and lumbar spine sprain and strain. Treatment and diagnostic studies to date has included functional capacity evaluation, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, home exercise program, chiropractic therapy, and physical therapy. In a progress note dated September 21, 2015 the treating physician reports complaints of pain to the bilateral knees, cervical spine, and lumbar spine. Examination performed on September 21, 2015 was revealing for tenderness to the bilateral knees and crepitation and multiple cervical disc protrusions per magnetic resonance imaging. The progress note from September 21, 2015 and July 27, 2015 did not include a medication regimen or the injured worker's numeric pain level as rated on a visual analog scale. The progress note from July 27, 2015 included the prescriptions for Voltaren and Prilosec. The initial evaluation on May 18, 2015 noted a medication regimen of Flexeril, Naproxen, Prilosec, Gabapentin Cream, and Flurbiprofen Cream, but did not include the injured worker's pain level rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 21, 2015, the treating physician requested Avalin Patches with a quantity of 15, but did not indicate the specific reason for the requested medication.

On October 08, 2015, the Utilization Review determined the request for Avalin Patches with a quantity of 15 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avalin patches #15: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Avalin is composed of lidocaine and menthol. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 7/27/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.