

Case Number:	CM15-0214110		
Date Assigned:	11/03/2015	Date of Injury:	08/27/1999
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
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

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 injured worker is a year old male who sustained an industrial injury on 8-27-99. A review of the medical records indicates that the worker is undergoing treatment for complex regional pain syndrome right lower extremity, lumbar radiculopathy, comparison neuropathy, sensory division of deep peroneal nerve, status post total knee replacement (right) with 2 revisions, status post explanation of spinal cord stimulator (10-12-06), subsequent implantation of new spinal cord stimulation system (10-12-07), and subsequent removal, low back pain with left L4-L5 and L5-S1 facet arthropathy status post radiofrequency facet neurotomy (3-14-11), hypotestosteronism secondary to opioid use for chronic pain secondary to industrial injury, status post implantation of laminotomy-paddle surgical spinal cord stimulator lead with generator (7-17-13), and left knee pain with history of meniscus tear status post left knee arthroscopy (5-17-14). Subjective complaints (9-29-15) include pain in the neck, upper thoracic region, low back, left lateral thigh, knee and ankle described as a burning, electrical sensation and pain over the internal pulse generator site (spinal cord stimulator) and neck pain radiates into both shoulders and upper extremities. Pain is rated at 6 out of 10 with Lidoderm, Flector patches as well as use of the spinal cord stimulator, and a 30-40% improvement in pain symptoms is reported. The request indicates the Lidoderm 5% patches are applied for topical neuropathic pain in the lower extremities as well as pain over the side of the spinal cord stimulator generator and the worker reports generic patches did not work and did not adhere to skin for 12 hours. Objective findings (9-29-15) include symptoms of complex regional pain syndrome continue to worsen, straight leg raise is positive (left) at 30 degrees, cervical paraspinous, thoracic, and left buttock region

tenderness, and hypesthesia in the left L3 and L4 dermatomes and touch allodynia in the right lower extremity (knee region). The physician reports (7-9-14) that the worker has been symptomatic with hypogonadism secondary to previous opioid use. He has difficulty with opioid medication, has experienced multiple side effects. It is noted (9-29-15) that the lumbar epidural steroid injection is not scheduled yet as the workers wife is ill and he continues to attend to his wife. Lidoderm and Flector patches are reported as helpful and notes the worker "requires these medications to supplement the spinal cord stimulator." Previous treatment includes Lidoderm patch (at least since 2-9-15), Flector patch (at least since 2-9-15), spinal cord stimulator, intrathecal pump system, Lyrica, Gabapentin, Cymbalta, and Amitriptyline. On 10-8-15, the requested treatment of Lidoderm 5% patches #90 and Flector patches 1% #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 09/08/2015.

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

Decision rationale: MTUS Guidelines allow for the use of topical lidocaine under specific circumstances. This individual meets the Guideline standards. There is localized peripheral neuropathic pain and prior failure of several oral agents (lyric etc). The Lidoderm 5% patches, #90 is supported by Guidelines and is medically necessary.

Flector patches 1%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation (ODG-TWC Pain Procedure Summary Online Version last updated 09/08/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Topical agents and Other Medical Treatment Guidelines www.flectorpatch.com.

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved topical agents be utilized. The manufacturer and FDA recommendations for Flector patch is for use on acute strains and pains only. Additional literature was reviewed and no new or other quality literature was found to justify an exception to the Guideline recommendations. Other alternative topical NSAIDs do have

some support for longer term use if a topical NSAID is medically necessary. The Flector patches 1%, #60 is not supported by Guidelines and is not medically necessary.