

<b>Case Number:</b>	CM15-0216197		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 30 year old male, who sustained an industrial injury on 2-17-15. He reported pain in the left arm, left leg, and back. The injured worker was diagnosed as having cervical sprain and strain, cervical muscle spasm, rule out cervical disc protrusion, cervical radiculitis versus radiculopathy, thoracic sprain and strain, thoracic muscle spasm, lumbar sprain and strain, lumbar muscle spasm, sprain of the sacroiliac joint bilaterally, rule out lumbar disc protrusion lumbar radiculitis versus radiculopathy. Treatment to date has included physical therapy, a home exercise program, and medication including Flexeril, Naproxen, Omeprazole, and menthoderm ointment. Physical exam findings on 9-24-15 included tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii with decreased and painful cervical ranges of motion. Shoulder depression cause pain bilaterally. Tenderness to palpation was also noted in the thoracic and lumbar paravertebral muscles with spasm. Thoracic and lumbar ranges of motion were decreased and painful. Kemp's test caused pain and a straight leg raise test caused pain bilaterally. On 9-24-15, the injured worker complained of neck pain, back pain with radiation to the left hip. The treating physician requested authorization for Avalin patches #1. On 11-2-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avalin Patches #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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Avalin patches contain 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 9/24/15 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. Therefore, the request is not medically necessary and non-certified.